

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 23, 2007 8:00 am
Secretary of State

05-23-2007 90215 044 ****50.00

DOCUMENT # L06000107336					
1. Entity Name JAX PROPERTIES INVESTOR GROUP, L.L.C.					
Principal Place of Business 1335 RYAR ROAD JACKSONVILLE, FL 32216 US			Mailing Address 1335 RYAR ROAD JACKSONVILLE, FL 32216 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 5800 BEACH BOULEVARD Suite, Apt. #, etc. SUITE 203-335 City & State JACKSONVILLE, FL Zip 32207 Country DUVAL			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05182007 Chg-LLC CR2E083 (12/06)	
City & State		City & State		4. FEI Number 20-58429937	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DEVOS, HERVE 1335 RYAR ROAD JACKSONVILLE, FL 32216			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEVOS, HERVE 1335 RYAR ROAD JACKSONVILLE, FL 32216	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEVOS, HEATHER 1335 RYAR ROAD JACKSONVILLE, FL 32216	<input type="checkbox"/> Delete			
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: HERVE DEVOS MANAGING MEMBER 5/18/07 904 236 9919					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					

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