2007 LIMITED LIABILITY COMPANY

SIGNATURE:

Apr 19, 2007 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # L06000120509** 04-19-2007 90041 010 ****50.00 1. Entity Name 13A INVESTMENT PARTNERS, LLC Principal Place of Business Mailing Address 1914 ART MUSEUM DRIVE 1914 ART MUSEUM DRIVE JACKSONVILLE, FL 32207 JACKSONVILLE, FL 32207 US 2. Principal Place of Business - No P.O. Box# 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03202007 CR2E083 (12/06) Chg-LLC 4. FEI Number City & State City & State Applied For 20-814566 Not Applicable ... Country Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RITTER, LEWIS L IV Street Address (P.O. Box Number is Not Acceptable) 1914 ART MUSEUM DRIVE JACKSONVILLE, FL 32207 City 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 SIGNATURE Sgnature, typed or printed name of registered agent and site if applicable. (NOTE: Registered Agent signature required when rematering) Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. Addition HERM TITLE ☐ Defete TITLE Change JAX INVESTORS II, LLC 1914 ART MUSEUM DR. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CTTY-ST-ZIP JACKSONULLE, EL 3230 Detete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-7IP Detete ☐ Change Addition TITLE TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/P TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITE F Addition TITLE ☐ Delete Chance NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-7/P 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.

G MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

41607

Daytime Phone #