

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000116387

FILED
Apr 30, 2009
Secretary of State

Entity Name: AB PROPERTY OF JAX, LLC

Current Principal Place of Business:

ONE INDEPENDENT DRIVE, SUITE 3130
JACKSONVILLE, FL 32202

New Principal Place of Business:

Current Mailing Address:

ONE INDEPENDENT DRIVE, SUITE 3130
JACKSONVILLE, FL 32202

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SIDNEY S. SIMMONS, P.L.
1050 RIVERSIDE AVENUE
JACKSONVILLE, FL 32204 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MR. () Change (X) Addition
Name: ROGERS, ARNOLD S MR.
Address: ONE INDEPENDENT DRIVE, SUITE 3130
City-St-Zip: JACKSONVILLE, FL 32202 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ARNOLD S. ROGERS MR. 04/30/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date