

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90060 046 \*\*\*\*50.00

**DOCUMENT # L99000004536**

1. Entity Name  
**JAXSON 7, LLC**



Principal Place of Business  
**6630 SOUTHPPOINT PARKWAY  
JACKSONVILLE, FL 32216**

Mailing Address **6600 CORPORATE  
CENTER  
6630 SOUTHPPOINT PARKWAY  
JACKSONVILLE, FL 32216  
PKWAY**

**DO NOT WRITE IN THIS SPACE**

04232004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
**59-3522052**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MCCLUNG, ROGER L  
6630 SOUTHPPOINT PARKWAY 6600 CORPORATE CENTER  
JACKSONVILLE, FL 32216  
PKWAY**

**DO NOT WRITE  
IN THIS SPACE**

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 **ROGER MCCLUNG**  
Signature, typed or printed name of registered agent and title if applicable.

**Roger M. Clung**  
(NOTE: Registered Agent signature required when reinstating)

**4/23/04**  
DATE

**Filing Fee is \$50.00  
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
CHARTRAND, GARY  
6630 SOUTHPPOINT PARKWAY  
JACKSONVILLE, FL 32216**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
CRAWFORD, ROD  
6630 SOUTHPPOINT PARKWAY  
JACKSONVILLE, FL 32216**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
HILL, ROBERT  
6630 SOUTHPPOINT PARKWAY  
JACKSONVILLE, FL 32216**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
MCCLUNG, ROGER L  
6630 SOUTHPPOINT PARKWAY  
JACKSONVILLE, FL 32216**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
PARKER, JACK  
6630 SOUTHPPOINT PARKWAY  
JACKSONVILLE, FL 32216**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
WATKINS, JOHN  
6630 SOUTHPPOINT PARKWAY  
JACKSONVILLE, FL 32216**

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**ROGER MCCLUNG**

**4/23/04 904-296-4560**