

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90201 018 ****50.00

DOCUMENT # L99000004536					
1. Entity Name JAXSON 7, LLC					
Principal Place of Business 6630 SOUTHPOINT PARKWAY JACKSONVILLE, FL 32216			Mailing Address 6600 CORPORATE CENTER PKWY JACKSONVILLE, FL 32216		
2. Principal Place of Business 13 SOLANA RD. Suite, Apt. #, etc.		3. Mailing Address 13 SOLANA RD Suite, Apt. #, etc.			
City & State PONTE VEDRA, FL		City & State PONTE VEDRA, FL		4. FEI Number 59-3522052	
Zip 32082		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MCCLUNG, ROGER L 6600 CORPORATE CENTER PKWY JACKSONVILLE, FL 32216			7. Name and Address of New Registered Agent Name: MCCLUNG, ROGER L Street Address (P.O. Box Number Is Not Acceptable): 13 SOLANA RD. City: PONTE VEDRA FL Zip Code: 32082		
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)					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHARTRAND, GARY 6630 SOUTHPOINT PARKWAY JACKSONVILLE, FL 32216	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CRAWFORD, ROD 6630 SOUTHPOINT PARKWAY JACKSONVILLE, FL 32216	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HILL, ROBERT 6630 SOUTHPOINT PARKWAY JACKSONVILLE, FL 32216	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCCLUNG, ROGER L 6630 SOUTHPOINT PARKWAY JACKSONVILLE, FL 32216	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13 SOLANA RD PONTE VEDRA, FL 32082	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PARKER, JACK 6630 SOUTHPOINT PARKWAY JACKSONVILLE, FL 32216	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WATKINS, JOHN 6630 SOUTHPOINT PARKWAY JACKSONVILLE, FL 32216	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Roger L. McClung</i>			1-26-05 904.285.9696		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		