

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 13, 2006 08:00 AM
Secretary of State

DOCUMENT # L99000004536

1. Entity Name
JAXSON 7, LLC



Principal Place of Business
**13 SOLANA RD
PONTE VEDRA BEACH, FL 32082**

Mailing Address
**13 SOLANA RD
PONTE VEDRA BEACH, FL 32082**



07112006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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
13 SOLANA RD
PONTE VEDRA BEACH, FL 32082**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by September 6, 2006**

U00000570100
07/13/06-80018-006 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	CHARTRAND, GARY
STREET ADDRESS	6630 SOUTHPOINT PARKWAY
CITY-ST-ZIP	JACKSONVILLE, FL 32216
TITLE	MGRM
NAME	CRAWFORD, ROD
STREET ADDRESS	6630 SOUTHPOINT PARKWAY
CITY-ST-ZIP	JACKSONVILLE, FL 32216
TITLE	MGRM
NAME	HILL, ROBERT
STREET ADDRESS	6630 SOUTHPOINT PARKWAY
CITY-ST-ZIP	JACKSONVILLE, FL 32216
TITLE	MGRM
NAME	MCCLUNG, ROGER L
STREET ADDRESS	13 SOLANA RD
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082
TITLE	MGRM
NAME	PARKER, JACK
STREET ADDRESS	6630 SOUTHPOINT PARKWAY
CITY-ST-ZIP	JACKSONVILLE, FL 32216
TITLE	MGRM
NAME	WATKINS, JOHN
STREET ADDRESS	6630 SOUTHPOINT PARKWAY
CITY-ST-ZIP	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 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:

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

Date

Daytime Phone #

7-11-06 904.610.0799