2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2008 08:00 AM
Secretary of State

DOCUMENT # L99000004536

1. Entity Name
JAXSON 7, LLC

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

DO NOT WRITE IN THIS SPACE

03262008 No Chg-LLC CR2E083 (12/07)

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

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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 _____ U00000378566
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 04/14/08-81050-008 143.75

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

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

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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: Roger M McClung ROGER MCCLUNG 904.610.0789
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

3-28-08