

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000004536

FILED
Mar 25, 2009
Secretary of State

Entity Name: JAXSON 7, LLC

Current Principal Place of Business:

13 SOLANA RD
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

Current Mailing Address:

13 SOLANA RD
PONTE VEDRA BEACH, FL 32082

New Mailing Address:

FEI Number: 59-3522052

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCLUNG, ROGER L
13 SOLANA RD
PONTE VEDRA BEACH, FL 32082 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: MGRM () Delete
Name: CHARTRAND, GARY
Address: 6630 SOUTHPOINT PARKWAY
City-St-Zip: JACKSONVILLE, FL 32216

Title: MGRM () Delete
Name: CRAWFORD, ROD
Address: 6630 SOUTHPOINT PARKWAY
City-St-Zip: JACKSONVILLE, FL 32216

Title: MGRM () Delete
Name: HILL, ROBERT
Address: 6630 SOUTHPOINT PARKWAY
City-St-Zip: JACKSONVILLE, FL 32216

Title: MGRM () Delete
Name: MCCLUNG, ROGER L
Address: 13 SOLANA RD
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: MGRM () Delete
Name: PARKER, JACK
Address: 6630 SOUTHPOINT PARKWAY
City-St-Zip: JACKSONVILLE, FL 32216

Title: MGRM () Delete
Name: WATKINS, JOHN
Address: 6630 SOUTHPOINT PARKWAY
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ROGER MCCLUNG

MGRM

03/25/2009

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