2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M02000001280

1. Entity Name
JACKSONVILLE PROPERTIES LLC

FILED
07 JAN 16 AM 10: 16
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
23775 COMMERCE PARK ROAD ATTN: NEIL TRAMER BEACHWOOD, OH 44122	23775 COMMERCE PARK ROAD ATTN: NEIL TRAMER BEACHWOOD, OH 44122
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

01112007 Chg-LLC CR2E083 (12/06)

4. FEI Number 75-2993865 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MAGID, GARY 403 13TH AVE., S., REAR UNIT JACKSONVILLE BEACH, FL 32250	Name: CorpDirect Agents, Inc. Street Address (P.O. Box Number is Not Acceptable): 515 East Park Avenue City: Tallahassee FL Zip Code: 32301

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 Tadlock, Asst. Sec. · Patricia Tadlock, Asst. Sec. 1·16·07
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 May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TRAMER, NEIL 2644 MEADOWAY BEACHWOOD, OH 44122	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700085646957 01/23/07--01006--012 **50.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAGID, GARY 403 13TH AVE. S. JACKSONVILLE BEACH, FL 32250	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Neil Tramer 1/11/07 216-765-8110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #