


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 28, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # M02000003379 1. Entity Name JAXCON, LLC	
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Principal Place of Business 2245 TECHNICAL PARKWAY NORTH CHARLESTON, SC 29406	Mailing Address 2245 TECHNICAL PARKWAY NORTH CHARLESTON, SC 29406
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**DO NOT WRITE IN THIS SPACE**



05212004No Chg-LLC CR2E083 (10/03)

4. FEI Number 56-2304288	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and file # applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00**  
~~Due by September 3, 2004~~

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FAIREY, ROBERT D 2245 TECHNICAL PARKWAY NORTH CHARLESTON, SC 29406
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRIFFITH, JOHN D 2245 TECHNICAL PARKWAY NORTH CHARLESTON, SC 29406
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WENDELL, CHARLES H 2245 TECHNICAL PARKWAY NORTH CHARLESTON, SC 29406
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KERR, CLARENCE C JR. 7 SHAFTSBURY LANE HILTON HEAD, SC 29926
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000161706  
 05/28/04-80001-004 50.00

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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:** John David Griffith John David Griffith 5/25/04 843-572-7600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #