

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 18, 2003 8:00 am
Secretary of State

02-18-2003 90323 028 ****50.00

DOCUMENT # M02000003379

1. Entity Name

JAXCON, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2245 Technical Parkway

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

N. Charleston, SC

City & State

Zip

29406

Country

USA

Zip

Country

4. FEI Number

56-2304288

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

City

Plantation

FL

Zip Code

33324

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

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	Member
NAME	Robert D. Fairey
STREET ADDRESS	2245 Technical Parkway
CITY-ST-ZIP	N. Charleston, SC 29406
TITLE	Member
NAME	John David Griffith
STREET ADDRESS	2245 Technical Parkway
CITY-ST-ZIP	N. Charleston, SC 29406
TITLE	Member
NAME	Charles H. Wendell
STREET ADDRESS	2245 Technical Parkway
CITY-ST-ZIP	N. Charleston, SC 29406
TITLE	Member
NAME	Clarence C. Kerr, Jr.
STREET ADDRESS	7 Shaftsbury Lane
CITY-ST-ZIP	Hilton Head, SC 29926
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

CR2E083B (12/02)

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, Member

2/13/03 (843)572-7600

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

Date

Daytime Phone #