


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90044 037 ****50.00

DOCUMENT # M04000005501					
1. Entity Name JAX OWNERS LLC					
Principal Place of Business C/O CAPITAL PARTNERS INC. ONE INDEPENDENT DRIVE, SUITE 114 JACKSONVILLE, FL 32202			Mailing Address C/O CAPITAL PARTNERS INC. ONE INDEPENDENT DRIVE, SUITE 114 JACKSONVILLE, FL 32202		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
EVANS, WILLIAM G ONE INDEPENDENT DR STE 114 JACKSONVILLE, FL 32202				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR JAXATL HOLDINGS LLC ONE INDEPENDENT DRIVE, SUITE 114 JACKSONVILLE, FL 32202 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <i>William G Evans</i>			Date: 04-28-06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone #: 904/356-1978		

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04262006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1995107 Applied For Not Applicable

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