

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 12, 2005 8:00 am
Secretary of State

05-12-2005 90031 018 ****50.00

DOCUMENT # M04000005503

1. Entity Name
JAXATL INVESTORS LLC



Principal Place of Business
**% CAPITAL PARTNERS INC.
512 E. WASHINGTON STREET, SUITE 200
ORLANDO, FL 32801**

Mailing Address
**% CAPITAL PARTNERS INC.
512 E. WASHINGTON STREET, SUITE 200
ORLANDO, FL 32801**

DO NOT WRITE IN THIS SPACE



04262005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
20-1921879

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~NRAT SERVICES, INC.~~ **William G. Evans**
~~2731 EXECUTIVE PARK DRIVE~~ **One Independent Dr,**
~~SUITE 4~~ **Suite 114**
~~WESTON, FL 33331~~ **Jacksonville, FL 32202**

**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

Wm G Evans Principal

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/05

**Filing Fee is \$50.00
Due by May 1, 2005**

Wm G. Evans

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
JAXATL CAPITAL LLC
% ONE INDEPENDENT DRIVE, SUITE 114
JACKSONVILLE, FL 32202**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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:

Wm G Evans Principal

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

Date

4/28/05

Daytime Phone #

**(904)
356-1978**

Wm. G. Evans