


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-02-2006 90044 040 ****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
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2. Principal Place of Business <i>One Independent Dr</i> Suite, Apt. #, etc. <i>Suite 114</i> City & State <i>Jacksonville, FL</i> Zip <i>32202</i> Country	3. Mailing Address <i>One Independent Dr</i> Suite, Apt. #, etc. <i>Suite 114</i> City & State <i>Jacksonville, FL</i> Zip <i>32202</i> Country
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04262006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1921879	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent EVANS, WILLIAM G ONE INDEPENDENT DR STE 114 JACKSONVILLE, FL 32202	
7. Name and Address of New Registered Agent 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	MGRM JAXATL CAPITAL 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:

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

Date

Daytime Phone #

William G Evans *Auth Rep* 04-28-06 904/356-1978