
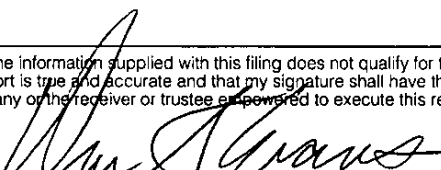


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90042 031 ****50.00

DOCUMENT # M04000005503					
1. Entity Name JAXATL INVESTORS LLC					
Principal Place of Business ONE INDEPENDENT DR STE 114 JACKSONVILLE, FL 32202			Mailing Address ONE INDEPENDENT DR STE 114 JACKSONVILLE, FL 32202		
2. Principal Place of Business - No P.O. Box # One Independent Drive Suite, Apt. #, etc.		3. Mailing Address One Independent Drive Suite, Apt. #, etc.			
Suite 1850 City & State Jacksonville, FL		Suite 1850 City & State Jacksonville, FL			
Zip 32202	Country	Zip 32202	Country	04242007 Chg-LLC CR2E083 (12/06)	
4. FEI Number 20-1921879				Applied For 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, 2007		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		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Suite 1850	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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: 			Authorized Representative 4/24/07 (904) 356-1978		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		