

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90041 010 ***138.75

DOCUMENT # M04000005503

1. Entity Name
JAXATL INVESTORS LLC



Principal Place of Business
**ONE INDEPENDENT DR STE 1850
JACKSONVILLE, FL 32202**

Mailing Address
**ONE INDEPENDENT DR STE 1850
JACKSONVILLE, FL 32202**

60029967



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04112008 Chg-LLC CR2E083 (12/06)

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

7. Name and Address of New Registered Agent

**EVANS, WILLIAM G
ONE INDEPENDENT DR
STE 1850
JACKSONVILLE, FL 32202**

Name **William G. Evans**
Street Address (P.O. Box Number is Not Acceptable) **One Independent Dr Ste 1850**
City **Jacksonville** FL Zip Code **32202**

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]

4/22/08

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75!
After May 1, 2008 Fee will be \$538.75**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME **MGRM** ☒ Delete
STREET ADDRESS **JAXATL CAPITAL LLC**
CITY-ST-ZIP **ONE INDEPENDENT DR STE 1850
JACKSONVILLE, FL 32202**

TITLE
NAME **MGRM** ☐ Change ☒ Addition
STREET ADDRESS **CFA Holdings LLC**
CITY-ST-ZIP **One Independent Drive, Ste 1850
Jacksonville FL 32202**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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]

4/22/08

904-356-1978

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

Date

Daytime Phone #