


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT


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

05-02-2006 90044 034 ****50.00

DOCUMENT # M05000001601		
1. Entity Name JAX-ISQ LLC		

Principal Place of Business C/O CAPITAL PARTNERS, INC. ONE INDEPENDENT CENTER DRIVE, STE. 114 JACKSONVILLE, FL 32202	Mailing Address C/O CAPITAL PARTNERS, INC. ONE INDEPENDENT CENTER DRIVE, STE. 114 JACKSONVILLE, FL 32202
---	---

2. Principal Place of Business <i>One Independent Dr</i> Suite, Apt. #, etc. <i>Ste 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>Ste 114</i> City & State <i>Jacksonville</i> Zip <i>32202</i> Country
--	---

20043267

04212006 Chg-LLC CR2E083 (11/05)

6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE, STE. 4 WESTON, FL 33331		7. Name and Address of New Registered Agent Name <i>William G. Evans</i> Street Address (P.O. Box Number is Not Acceptable) <i>One Independent Drive, Ste 114</i> City <i>Jacksonville</i> FL Zip Code <i>32202</i>	
---	--	---	--

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 <i>William G. Evans</i> DATE <i>04-28-06</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
--	--

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 JAX-ISQ LLC <input checked="" type="checkbox"/> Delete ONE INDEPENDENT CENTER DRIVE, STE. 114 JACKSONVILLE, FL 32202	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition One Independent Drive, Ste 114
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JAX-ISQ Owner LLC One Independent Drive, Suite 114 Jacksonville, FL 32202
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>William G. Evans Auth Rep</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	Date <i>04-28-06</i> Daytime Phone # <i>904/356-1998</i>