


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-26-2007 90043 047 ****50.00

DOCUMENT # M05000001601	
1. Entity Name JAX-ISQ LLC	

Principal Place of Business C/O CAPITAL PARTNERS, INC. ONE INDEPENDENT DRIVE, STE. 114 JACKSONVILLE, FL 32202	Mailing Address C/O CAPITAL PARTNERS, INC. ONE INDEPENDENT DRIVE, STE. 114 JACKSONVILLE, FL 32202
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2. Principal Place of Business - No P.O. Box # One Independent Drive	3. Mailing Address One Independent Drive
Suite, Apt. #, etc. Suite 1850	Suite, Apt. #, etc. Suite 1850
City & State Jacksonville, FL	City & State Jacksonville, FL
Zip 32202	Country 32202

00011001



04242007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 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	
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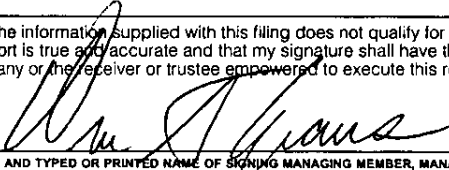
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JAX-ISQ OWNER LLC ONE INDEPNEDENT DR STE 114 JACKSONVILLE, FL 32202	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ste 1850
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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**