## 2007 LIMITED LIABILITY COMPANY

## Apr 26, 2007 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # M05000001601 04-26-2007 90043 047 \*\*\*\*50.00 1. Entity Name JAX-ISQ LLC Principal Place of Business Mailing Address LOOTIOOA C/O CAPITAL PARTNERS, INC. C/O CAPITAL PARTNERS, INC. ONE INDEPENDENT DRIVE, STE. 114 ONE INDEPENDENT DRIVE, STE. 114 JACKSONVILLE, FL 32202 JACKSONVILLE, FL 32202 2. Principal Place of Business - No P.O. Box # 3. Mailing Address One Independent Drive One Independent Drive Suite, Apt. #, etc. Suite, Apt. #, etc. 04242007 CR2E083 (12/06) Cha-LLC Suite 1850 City & State Suite 1850 City & State Jacksonville, FL 4. FEI Number Applied For Jacksonville, FL 20-2566135 Not Applicable Country 32202 \$5.00 Additional 32202 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NRAI SERVICES, INC. ONE INDEPENDENT DR STANTA Street Address (P.O. Box Number is Not Acceptable) **Suite 1850** JACKSONVILLE, FL 32202 City 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 Signature, typed or printed name of registered agent and title if applicable. (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 **MGRM** TITLE 🗆 Delete TITLE Change ☐ Addition NAME JAX-ISQ OWNER LLC NAME Ste 1850 STREET ADDRESS ONE INDEPNEDENT DR 8TE 114 STREET ADDRESS CITY-ST-7iP JACKSONVILLE, FL 32202 CITY-ST-ZIP TITLE □ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP tiπ F ☐ Delete TITLE Change Addition NAME MAKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE T Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true add 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 me receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP

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

CITY-ST-ZIP

Authorized Representative

4/24/07 (904) 356-1978

Date

**FILED** 

Daytime Phone #