


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-28-2008 90042 005 \*\*\*138.75

<b>DOCUMENT # M05000001601</b>	
1. Entity Name <b>JAX-ISQ LLC</b>	

Principal Place of Business <b>ONE INDEPENDENT DR STE 1850 JACKSONVILLE, FL 32202</b>	Mailing Address <b>ONE INDEPENDENT DR STE 1850 JACKSONVILLE, FL 32202</b>
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2. Principal Place of Business - No P.O. Box # ...	3. Mailing Address Suite, Apt. #, etc.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

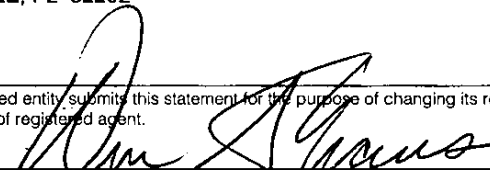
**00030022**



04102008 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent <b>NRAI SERVICES, INC. ONE INDEPENDENT DR STE 114 JACKSONVILLE, FL 32202</b>	7. Name and Address of New Registered Agent Name <b>William G. Evans</b> Street Address (P.O. Box Number is Not Acceptable) <b>One Independent Dr., Ste 1850</b> City <b>Jacksonville</b> FL Zip Code <b>32202</b>
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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  DATE **4/22/08**

Signature typed or printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM JAX-ISQ OWNER LLC ONE INDEPENDENT DR STE 1850 JACKSONVILLE, FL 32202</b> <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
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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:  DATE **4/22/08** 904-356-1978

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #