


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-02-2006 90043 017 \*\*\*\*50.00

|                                     |   |
|-------------------------------------|---|
| <b>DOCUMENT # M05000005810</b>      |  |
| 1. Entity Name<br>JAXBDWY OWNER LLC |   |

40043234



|   |   |
|---|---|
| Principal Place of Business<br>ONE INDEPENDENT DRIVE, SUITE 114<br>JACKSONVILLE, FL 32202 | Mailing Address<br>ONE INDEPENDENT DRIVE, SUITE 114<br>JACKSONVILLE, FL 32202 |
|---|---|

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

04212006 Chg-LLC CR2E083 (11/05)

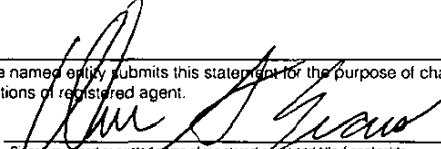
|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>20-3627224 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

|   |
|---|
| 6. Name and Address of Current Registered Agent<br>INTREPID REGISTERED AGENT SERVICES, LLC<br>ONE INDEPENDENT DRIVE, SUITE 1200<br>JACKSONVILLE, FL 32202 |
|---|

|  |                      |
|--|----------------------|
| 7. Name and Address of New Registered Agent  |                      |
| Name<br>William G. Evans   |                      |
| Street Address (P.O. Box Number is Not Acceptable)<br>One Independent Drive, Ste 114 |                      |
| City<br>Jacksonville   | FL Zip Code<br>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  DATE 04-28-06

Filing Fee is \$50.00  
Due by May 1, 2006

Make check payable to  
Florida Department of State

| 9. MANAGING MEMBERS/MANAGERS                   |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>HEISTAND, JAMES R<br>ONE INDEPENDENT DRIVE, SUITE 114<br>JACKSONVILLE, FL 32202 <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |

| 10. ADDITIONS/CHANGES                          |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

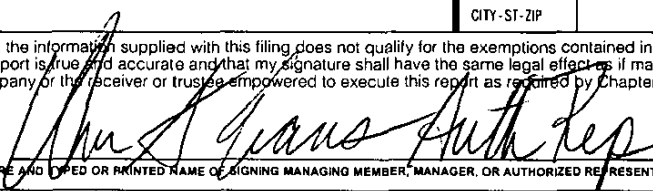
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under 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:

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

Date

Daytime Phone #

 04-28-06 904/356-1978