
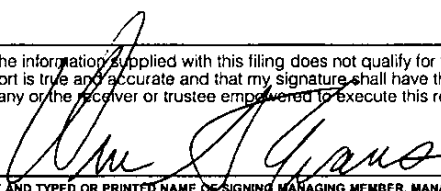


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-26-2007 90042 006 \*\*\*\*50.00

<b>DOCUMENT # M05000005810</b>					
<b>1. Entity Name</b> JAXBDWY OWNER LLC					
<b>Principal Place of Business</b> ONE INDEPENDENT DRIVE, SUITE 114 JACKSONVILLE, FL 32202			<b>Mailing Address</b> ONE INDEPENDENT DRIVE, SUITE 114 JACKSONVILLE, FL 32202		
<b>2. Principal Place of Business - No P.O. Box #</b> One Independent Drive		<b>3. Mailing Address</b> One Independent Drive			
Suite, Apt. #, etc. <b>Suite 1850</b>		Suite, Apt. #, etc. <b>Suite 1850</b>			
City & State Jacksonville, FL		City & State Jacksonville, FL			
Zip 32202	Country	Zip 32202	Country	<b>4. FEI Number</b> 20-3627224	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  EVANS, WILLIAM G ONE INDEPENDENT DRIVE <del>SUITE 114</del> → Suite 1850 JACKSONVILLE, FL 32202			<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HEISTAND, JAMES R ONE INDEPENDENT DRIVE, <del>SUITE 114</del> JACKSONVILLE, FL 32202	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Suite 1850 <input checked="" 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	
<b>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.</b>					
<b>SIGNATURE:</b> 			Authorized Representative		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date: 4/24/07 (904) 356-1978		