## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

**DOCUMENT # M06000002624** 

1. Entity Name JES-JAX, LLC



FILED Apr 14, 2008 08:00 A Secretary of State

Principal Place of Business

233 SOUTH WACKER DR

STE 350 CHICAGO, IL 60606

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS

CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
NAME
STREET ADDRESS

Mailing Address

233 SOUTH WACKER DR

STE 350

CHICAGO, IL 60606



04072008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number NOT APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

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	named entity submits this statement for the purpose of chions of registered agent.	anging its registered	d office or regi	stered agent, or both	n, in the State of Florida.	t am familiar with, an	d accep	
SIGNATURE.								
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered /	(NOTE: Registered Agent signature required when reinstating)			DATÉ		
11 12	NOWIII FEE IS \$138.75 y 1, 2008 Fee will be \$538.75	-:		. Carr		5367 166-014 1 20	ري جائر ري	
9.	MANAGING MEMBERS/MANAGERS					and with Talling	en Qi	
TITLE	MGR			•			•	
NAME	SHAFFER, JOHN E		٠.	× ,*				
STREET ADDRESS	233 SOUTH WACKER DR #350		•	,		168 4		
CITY-ST-ZIP	CHICAGO, IL 60606	1		• '			`;	

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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:

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

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312-332-3555

Daytime Pho