

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M09000001586

**FILED**  
**Apr 11, 2012**  
**Secretary of State**

**Entity Name:** JACKSONVILLE AIRPORT HOTELS IV, LLC

**Current Principal Place of Business:**

1000 RED FERN PLACE  
FLOWOOD, MS 39232

**New Principal Place of Business:**

**Current Mailing Address:**

1000 RED FERN PLACE  
FLOWOOD, MS 39232

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NORRIS, JOHN E ESQ.  
253 NW MAIN BLVD.  
LAKE CITY, FL 32055 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: STURDIVANT, MIKE P  
Address: DUE WEST RD  
City-St-Zip: GLENDORA, MS 38928

Title: MGR  
Name: STURDIVANT, GAINES P  
Address: 1000 RED FERN PLACE  
City-St-Zip: FLOWOOD, MS 39232

Title: MGR  
Name: JONES, EARLE F  
Address: 1000 RED FERN PLACE  
City-St-Zip: FLOWOOD, MS 39232

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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:** GAINES P STURDIVANT

MGR

04/11/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date