

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2004 08:00 AM
Secretary of State

DOCUMENT # M96000000008

1. Entity Name
JACKSONVILLE AIRPORT HOTELS, LLC



Principal Place of Business
**1000 RED FERN PLACE
 FLOWOOD, MS 39232**

Mailing Address
**P.O. BOX 320009
 FLOWOOD, MS 39323**



03182004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
64-0869378

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**NORRIS, JOHN E
 201 N. MARION ST., STE 301
 LAKE CITY, FL 32056**

**DO NOT WRITE
 IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when renouncing)

DATE _____

**Filing Fee is \$50.00
 Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
 NAME STURDIVANT, MIKE P
 STREET ADDRESS DUE WEST ROAD
 CITY - ST - ZIP GLENDORA, MS 38928

TITLE MGR
 NAME STURDIVANT, GAINES P
 STREET ADDRESS 1000 RED FERN PLACE
 CITY - ST - ZIP FLOWOOD, MS 39232

TITLE MGR
 NAME JONES, EARLE F
 STREET ADDRESS 1000 RED FERN PLACE
 CITY - ST - ZIP FLOWOOD, MS 39232

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

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 05/05/04-80033-006 50.00

**DO NOT WRITE
 IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #