

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # M960000000008

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



04192005 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 reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

MGR
STURDIVANT, MIKE P
DUE WEST ROAD
GLENDDORA, MS 38928

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

MGR
STURDIVANT, GAINES P
1000 RED FERN PLACE
FLOWOOD, MS 39232

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

MGR
JONES, EARLE F
1000 RED FERN PLACE
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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IN THIS SPACE**

100000342069
04/29/05-80038-023 50.00

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:

Mike P. Sturdivant

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

4/22/05 601-936-3666

Date

Daytime Phone #