

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 02, 2006 08:00 A**  
**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

**DO NOT WRITE IN THIS SPACE**



04182006 No Chg-LLC

CR2E083 (11/05)

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, 2006**

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	

U00000558425  
05/17/06-80136-016 50.00

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_

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

Date

Daytime Phone #

4-21-06 601-836-3666