

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

04 SEP 29 AM 8:40

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

\$50.00



07012004 No Chg-LLC

CR2E083 (10/03)

9/29

DOCUMENT # M96000000228

1. Entity Name

JAX/CYPRESS SERVICES, L.L.C.



Principal Place of Business

15601 DALLAS PARKWAY, STE. 400
ADDISON, TX 75001

Mailing Address

15601 DALLAS PARKWAY, STE. 400
ADDISON, TX 75001

DO NOT WRITE IN THIS SPACE

4. FEI Number

75-2656357

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAPITOL CORPORATE SERVICES, INC.

1333 NORTH DUVAL ST.
TALLAHASSEE, FL 32303

**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 September 8, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MAGUIRE, CHRISTOPHER C
15601 DALLAS PARKWAY, STE. 400
ADDISON, TX 75001

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MEM
HARRINGTON, SCOTT
15601 DALLAS PARKWAY, STE. 400
ADDISON, TX 75001

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

**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 #

7-27-04

972-361-5058