

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

50.00

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

FILED

2005 MAY 19 P 4:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01062005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 75-2656357	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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)

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

05/19/05--01019--022 ***423.75

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]* 5-29-05 9723615051

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #