

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 04, 2007 08:00 AM
Secretary of State

DOCUMENT # M98000000002

1. Entity Name
JACKSONVILLE AIRPORT HOTELS II, LLC



Principal Place of Business

**1000 RED FERN PLACE
FLOWOOD, MS 39232**

Mailing Address

**1000 RED FERN PLACE
FLOWOOD, MS 39232**

DO NOT WRITE IN THIS SPACE



04162007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
64-0887076

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 ESQ
201 N. MARION STREET, SUITE 301
LAKE CITY, FL 32055**

**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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	STURDIVANT, MIKE P
STREET ADDRESS	P.O. BOX 230
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	

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05/30/07-80040-007 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 60B, Florida Statutes.

SIGNATURE:

Earle F. Jones

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

05/01/2007 601-326-8128

Date

Daytime Phone #