

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M98000000002

FILED
Apr 23, 2009
Secretary of State

Entity Name: JACKSONVILLE AIRPORT HOTELS II, LLC

Current Principal Place of Business:

1000 RED FERN PLACE
FLOWOOD, MS 39232

New Principal Place of Business:

Current Mailing Address:

1000 RED FERN PLACE
FLOWOOD, MS 39232

New Mailing Address:

FEI Number: 64-0887076

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NORRIS, JOHN E ESQ
201 N. MARION STREET, SUITE 301
LAKE CITY, FL 32055 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: STURDIVANT, MIKE P
Address: P.O. BOX 230
City-St-Zip: GLENDORA, MS 38928

Title: MGR () Delete
Name: STURDIVANT, GAINES P
Address: 1000 RED FERN PLACE
City-St-Zip: FLOWOOD, MS 39232

Title: MGR () Delete
Name: JONES, EARLE F
Address: 1000 RED FERN PLACE
City-St-Zip: FLOWOOD, MS 39232

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: EARLE F. JONES

MGR

04/23/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date