

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M98000000002

**FILED**  
**Apr 23, 2010**  
**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  
Name: STURDIVANT, MIKE P  
Address: P.O. BOX 230  
City-St-Zip: GLENDORA, MS 38928 US

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

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

I hereby 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

04/23/2010

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