

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 04, 2004 08:00 AM
Secretary of State

DOCUMENT # M98000000003

1. Entity Name
JACKSONVILLE AIRPORT HOTELS III, LLC



Principal Place of Business

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

Mailing Address

**PO BOX 320009
FLOWOOD, MS 39232**



03182004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

64-0887443

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, 2004**

9. MANAGING MEMBERS/MANAGERS

| | |
|-----------------|----------------------|
| TITLE | MGR |
| NAME | STURDIVANT, MIKE P |
| STREET ADDRESS | P.O. BOX 230 N/A |
| 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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05/05/04-80033-005 50.00

**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 19.07(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 #

4/21/04 601-936-3668