2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 25, 2006
Secretary of State

DOCUMENT# M99000000030

Entity Name: AMWARE LOGISTICS SERVICES OF JAX, LLC

Current Principal Place of Business:	**New Principal Place of Business:**
936 CHAMBERS CT SUITE A-11 EAGLE, CO 81631	

Current Mailing Address:	**New Mailing Address:**
936 CHAMBERS CT SUITE A-11 EAGLE, CO 81631	P.O. BOX 5259 936 CHAMBERS CT., A-11 EAGLE, CO 81631

FEI Number: 58-2430191 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US	

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:		**ADDITIONS/CHANGES:**	
Title:	MGR ( ) Delete	Title:	( ) Change ( ) Addition
Name:	WILHELM, MARK	Name:	
Address:	936 CHAMBERS CT, SUITE A-11	Address:	
City-St-Zip:	EAGLE, CO 81631	City-St-Zip:	
Title:	MGR ( ) Delete	Title:	( ) Change ( ) Addition
Name:	SMITH, JIM	Name:	
Address:	936 CHAMBERS CT, SUITE A-11	Address:	
City-St-Zip:	EAGLE, CO 81631	City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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: MARIE THOMPSON ASST 01/25/2006

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