2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
06 MAY 31 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000156187

1. Entity Name
JACKSONVILLE MIDTOWN MANAGEMENT, INC.

Principal Place of Business	Mailing Address
3947 BOULEVARD CENTER DRIVE SUITE 5 JACKSONVILLE, FL 32207	3947 BOULEVARD CENTER DRIVE SUITE 5 JACKSONVILLE, FL 32207

05/02/06 90198 009 $150.00
04282006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
3333 S. ORANGE AVE.	P. O. Box 568821
Suite, Apt. #, etc. SUITE 200	Suite, Apt. #, etc.
City & State ORLANDO, FL	City & State ORLANDO, FL
Zip / Country 32806-8500 / US	Zip / Country 32856-8821 / US

4. FEI Number
20-1884384
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KELLOGG, ROGER W 3947 BOULEVARD CENTER DRIVE SUITE 5 JACKSONVILLE, FL 32207	Name CARTER, DARYL M. Street Address (P.O. Box Number is Not Acceptable) 3333 S. ORANGE AVE., SUITE 200 City: ORLANDO FL Zip Code: 32806

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 ✓ DARYL M. CARTER ✓ 4/28/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KELLOGG, ROGER W 3947 BOULEVARD CENTER DRIVE, STE 5 JACKSONVILLE, FL 32207	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP CARTER, DARYL M. 3333 S. ORANGE AVE., SUITE 200 ORLANDO, FL 32806-8500	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVST MITCHELL, JOHN, C., II 399 CAROLINA AVENUE WINTER PARK, FL 32789	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARTER, MAURY L. 3333 S. ORANGE AVE., SUITE 200 ORLANDO, FL 32806-8500	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DARYL M. CARTER ✓ 4/28/06 407-422-3144
PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #