

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000051836

**Entity Name:** JAX LAGOON, LLC**Current Principal Place of Business:**5001 PHILIPS HWY.  
#7-B  
JACKSONVILLE, FL 32207**Current Mailing Address:**5001 PHILIPS HWY.  
#7-B  
JACKSONVILLE, FL 32207 US**FEI Number:** 27-2571144**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DRUMMOND, KENNETH  
5001 PHILIPS HWY.  
#7-B  
JACKSONVILLE, FL 32207 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

**Authorized Person(s) Detail :**

Title MANAGING MEMBER, PRESIDENT,  
ASST. SECRETARY  
Name PARSONS, ALLAN T. JR.  
Address 5001 PHILIPS HWY. #7-B  
City-State-Zip: JACKSONVILLE FL 32207

Title VP, SECRETARY  
Name DRUMMOND, KENNETH  
Address 5001 PHILIPS HWY.  
#7-B  
City-State-Zip: JACKSONVILLE FL 32207

Title MEMBER, VP, ASST. SECRETARY  
Name WATERS, WAYNE  
Address 5001 PHILIPS HWY.  
#7-B  
City-State-Zip: JACKSONVILLE FL 32207

Title MEMBER  
Name WHITLEY, JOHN E SR.  
Address 5001 PHILIPS HWY.  
#7-B  
City-State-Zip: JACKSONVILLE FL 32207

Title VP, ASST. SECRETARY, TREASURER  
Name KNUTZEN, JAMES V.  
Address 5001 PHILIPS HWY.  
#7-B  
City-State-Zip: JACKSONVILLE FL 32207

Title MEMBER, VP, ASST. SECRETARY,  
ASST. TREASURER  
Name MARLIER, JAMES JR.  
Address 5001 PHILIPS HWY.  
#7-B  
City-State-Zip: JACKSONVILLE FL 32207

Title MEMBER  
Name LIVING TRUST OF JAMES V.  
KNUTZEN  
Address 5001 PHILIPS HWY.  
#7-B  
City-State-Zip: JACKSONVILLE FL 32207

Title MEMBER  
Name WHITLEY, SHELBY E.  
Address 5001 PHILIPS HWY.  
#7-B  
City-State-Zip: JACKSONVILLE FL 32207

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ALLAN T. PARSONS, JR.

MANAGING MEMBER

04/22/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date

**Authorized Person(s) Detail Continued :**

|                 |                           |
|-----------------|---------------------------|
| Title           | MEMBER                    |
| Name            | CARVER, KRISTIE L.        |
| Address         | 5001 PHILIPS HWY.<br>#7-B |
| City-State-Zip: | JACKSONVILLE FL 32207     |