

**2013 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M09000001586

**FILED**  
**Apr 16, 2013**  
**Secretary of State**  
**CC1940037538**

**Entity Name:** JACKSONVILLE AIRPORT HOTELS IV, LLC

**Current Principal Place of Business:**

1000 RED FERN PLACE  
FLOWOOD, MS 39232

**Current Mailing Address:**

1000 RED FERN PLACE  
FLOWOOD, MS 39232

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NORRIS, JOHN EESQ.  
253 NW MAIN BLVD.  
LAKE CITY, FL 32055 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 MGR  
Name STURDIVANT, J. WALKER  
Address DUE WEST RD  
City-State-Zip: GLENDORA MS 38928

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

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

*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:** GAINES P STURDIVANT

MGR

04/16/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date