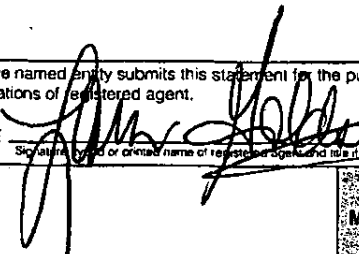
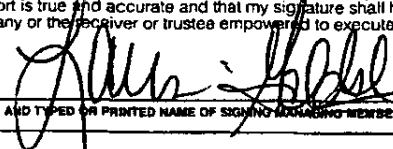


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 22, 2004 8:00 am
Secretary of State

02-26-2004 90201 001 ****50.00

DOCUMENT # L03000017599 1. Entity Name MARILYN JACKERSON REALTY, LLC																													
Principal Place of Business 1330 S. FEDERAL HIGHWAY STUART FL 34994				Mailing Address 1330 S. FEDERAL HIGHWAY STUART FL 34994																									
2. Principal Place of Business Stuart		3. Mailing Address 1330 SOUTH FEDERAL HWY																											
Suite, Apt. #, etc. N/C		Suite, Apt. #, etc. N/C																											
City & State STUART FL		City & State STUART FL		4. FEI Number 20-0114891																									
Zip 34994		Country MARTIN		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required																									
6. Name and Address of Current Registered Agent GOLDSTEIN, LAURI J 1330 S. FEDERAL HIGHWAY STUART FL 34994				7. Name and Address of New Registered Agent Name: _____ Street Address (P.O. Box Number is Not Acceptable): _____ City: _____ FL Zip Code: _____																									
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:  DATE: _____ (NOTE: Registered Agent signature required when reappointing)																													
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004																													
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%;"> PRESIDENT LAURI J. GOLDSTEIN 1330 S. FEDERAL HWY STUART FL 34994 MGRM </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td> ☐ Delete </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td> ☐ Delete </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td> ☐ Delete </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td> ☐ Delete </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td> ☐ Delete </td> </tr> </table>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT LAURI J. GOLDSTEIN 1330 S. FEDERAL HWY STUART FL 34994 MGRM	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%;"> ☐ Change ☐ Addition </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td> ☐ Change ☐ Addition </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td> ☐ Change ☐ Addition </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td> ☐ Change ☐ Addition </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td> ☐ Change ☐ Addition </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td> ☐ Change ☐ Addition </td> </tr> </table>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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:  2-19-04 772-286-8605 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE																													