2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2006
Secretary of State

DOCUMENT# L01000006632

Entity Name: JETT, LLC

Current Principal Place of Business:

175 W. AIRPORT RD
PENSACOLA, FL 32505

New Principal Place of Business:

Current Mailing Address:

P.O BOX 6425
PENSACOLA, FL 32503

New Mailing Address:

175 W. AIRPORT BLVD.
PENSACOLA, FL 32505

FEI Number: 59-3706310 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOORHEAD, STEPHEN R
4300 BAYOU BLBD., STE 13
PENSACOLA, FL 32503 US

Name and Address of New Registered Agent:

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:

Title: MGRM ( ) Delete
Name: JACKSON, JEFFERY R
Address: 3468 RIVER OAKS LN
City-St-Zip: PENSACOLA, FL 32514

Title: MGRM ( ) Delete
Name: BALES, JOHN B
Address: 6323 SUNNER LAKES LN
City-St-Zip: PENSACOLA, FL 32514

Title: MGRM (X) Delete
Name: BILES, KYLE R
Address: 3436 ARGYLE DRIVE
City-St-Zip: PACE, FL 32571

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change ( ) Addition
Name: BILES, KYLE R
Address: 3436 ARGYLE DRIVE
City-St-Zip: PACE, FL 32571

Title: ( ) Change ( ) Addition
Name:
Address:
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: JEFFERY R. JACKSON MGRM 04/12/2006

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