

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000001086

Entity Name: JENACK III, L.L.C.

FILED
May 12, 2006
Secretary of State

Current Principal Place of Business:

1415 SOUTH FEDERAL HWY.
P.O. BOX 220
BOYNTON BEACH, FL 33425

New Principal Place of Business:

3500 FAIRLANE FARMS RD.
SUITE 4
WELLINGTON, FL 33414

Current Mailing Address:

1415 SOUTH FEDERAL HWY.
P.O. BOX 220
BOYNTON BEACH, FL 33425

New Mailing Address:

3500 FAIRLANE FARMS RD
SUITE 4
WELLINGTON, FL 33414

FEI Number: 01-0589002 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HERRING, JOHN
1415 SOUTH FEDERAL HWY.
BOYNTON BEACH, FL 33425 US

Name and Address of New Registered Agent:

HERRING, JOHN R
3500 FAIRLANE FARMS RD
SUITE 4
WELLINGTON, FL 33414 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: JOHN R. HERRING

05/12/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HERRING, JOHN
Address: 1415 SOUTH FEDERAL HWY.
City-St-Zip: BOYNTON BEACH, FL 33425

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HERRING, JOHN R
Address: 3500 FAIRLANE FARMS RD
City-St-Zip: WELLINGTON, FL 33414

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: JOHN R. HERRING

MGR

05/12/2006

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