2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L02000034800

1. Entity Name JACKSONS, LLC



Principal Place of Business

7000 W. PALMETTO PARK RD., STE. 402 BOCA RATON, FL 33433 Mailing Address

% LANMER MARINE 145 TOWER AVENUE GROTON, CT 06340

FILED May 25, 2004 8:00 am Secretary of State

05-25-2004 90204 010 ****50.00



04232004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 04-7306922

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

Daytime Phone #

6. Name and Address of Current Registered Agent

GREENFIELD, STEVEN B ESQ 7000 W. PALMETTO PARK RD., STE. 402 BOCA RATON, FL 33433

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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.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
Filing Fee is \$50.00 Due by May 1, 2004			
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RICHARD A POLIORI LLC 3777 NE 7TH DRIVE BOCA RATON, FL 33431		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ĝ.		
TITLE - NAME - STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN.	THIS SPACE
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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 of truster empowered to execute this report as required by Chapter 608. Florida Statutes.			

ID TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE