

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000002395

1. Entity Name
JACK F. STEPHENSON, L.C.



Principal Place of Business
C/O JACK F. STEPHENSON
100 MADRID BOULEVARD, SUITE 212
PUNTA GORDA, FL 33950

Mailing Address
100 MADRID BLVD
PUNTA GORDA, FL 33950

2. Principal Place of Business
24420 SANDHILL BLVD.

3. Mailing Address
24420 SANDHILL BLVD.

Suite, Apt. #, etc.
103

Suite, Apt. #, etc.
103

City & State
PUNTA GORDA, FLORIDA

City & State
PUNTA GORDA, FLORIDA

Zip
33983

Country

Zip
33983

Country

04072006 Chg-LLC CR2E083 (11/05)

4. FEI Number
59-3783632

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

STEPHENSON, JACK F
100 MADRID BLVD
PUNTA GORDA, FL 33950

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

24420 SANDHILL BLVD., #103

City PUNTA GORDA, FL Zip Code FL 33983

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, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE MGR ☐ Delete
NAME STEPHENSON, JACK F
STREET ADDRESS 100 MADRID BLVD #213
CITY-ST-ZIP PUNTA GORDA, FL 33950

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE 24420 SANDHILL BLVD., #103 ☒ Change ☐ Addition
NAME
STREET ADDRESS PUNTA GORDA, FL 33983
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

JACK STEPHENSON 4/7/2006 (941) 766-8028

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

APPROVED
AND
FILED

06 APR 14 AM 8:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PS

