2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 20, 2005
Secretary of State

DOCUMENT# L03000017858

Entity Name: JAPAC ONE, LLC

Current Principal Place of Business:

3648 OAKBROOK LN.
PANAMA CITY BEACH, FL 32408

New Principal Place of Business:

Current Mailing Address:

3648 OAKBROOK LN.
PANAMA CITY BEACH,, FL 32408

New Mailing Address:

FEI Number: 75-3115691 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHELL ISLAND INVESTMENTS, LLC.
3648 OAKBROOK LN.
PANAMA CITY BEACH, FL 32408 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/MEMBERS:

Title:	MGRM	( ) Delete
Name:	SHELL ISLAND INVESTM, ENTS, LLC.	
Address:	3648 OAKBROOK LN.	
City-St-Zip:	PANAMA CITY BEACH, FL 32408 US	
Title:	MGR	( ) Delete
Name:	WATKINS, JASON E	
Address:	1004 WILDWOOD	
City-St-Zip:	PANAMA CITY BEACH, FL 32407	
Title:	MGR	( ) Delete
Name:	RIETKERK, CARLA N	
Address:	3648 OAKBROOK LN.	
City-St-Zip:	PANAMA CITY BEACH, FL 32408	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 Section 119.07(3)(i), 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: CARLA N. RIETKERK MGR 01/20/2005

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