


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**


**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90155 019 \*\*\*\*55.00

<b>DOCUMENT # L03000018465</b>	
1. Entity Name JAC, LLC	

Principal Place of Business 3500 SW CORPORATE PKWY PALM CITY, FL 34990	Mailing Address 3500 SW CORPORATE PKWY PALM CITY, FL 34990
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**DO NOT WRITE IN THIS SPACE**

	
01232006 No Chg-LLC	CR2E083 (11/05)
4. FEI Number 54-2114089	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

GOOGE, HOWARD E JR. ESQ  
 401 E. OSCEOLA STREET  
 STUART, FL 34994

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00 Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SABIN, CHARLES H 3500 SW CORPORATE PKWY PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EJUPS, ALDIS 3500 SW CORPORATE PKWY PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHAMBERLIN, JEFFREY D 3500 SW CORPORATE PKWY PALM CITY, FL 34990
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: Charles H. Sabin Date: 1-25-2006 Daytime Phone #: 772-283-8400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #