2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000018465

1. Entity Name JAC, LLC



FILED Apr 09, 2008 08:00 Al Secretary of State

Principal Place of Business

3500 SW CORPORATE PKWY PALM CITY, FL 34990 Mailing Address

3500 SW CORPORATE PKWY PALM CITY, FL 34990



03272008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 54-2114089

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

5. Certificate of Status

Fee Requ

6. Name and Address of Current Registered Agent

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

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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)

04/22/08-80048-001 143.75

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9.	MANACING MEMOCOCHIANACEDO
	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	SABIN, CHARLES H
STREET ADDRESS	3500 SW CORPORATE PKWY
CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	MGRM
NAME	EJUPS, ALDIS
STREET ADDRESS	3500 SW CORPORATE PKWY
CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	MGRM
NAME	CHAMBERLIN, JEFFREY D
STREET ADDRESS	3500 SW CORPORATE PKWY
City-SI-ZIP	PALM CITY, FL 34990
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-SI-ZIP	
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11. I hereby certify that the information supplied with this filling 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 expowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Wallet Half

3-30-2008 772-283-8400

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

Date

Daytime Phone i