

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000029808

1. Entity Name  
JACKSON BLUFF PROPERTIES, LLC



Principal Place of Business

P.O. BOX 20438 Bill Jackson Bluff LLC  
TALLAHASSEE, FL 32316-0438

Mailing Address

P.O. BOX 20438  
TALLAHASSEE, FL 32316

**FILED**

07 APR 26 AM 8:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04102007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
36-4542447

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MANAUSA, DANIEL E  
3520 THOMASVILLE ROAD, 4TH FLOOR  
TALLAHASSEE, FL 32309

BK

**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 \_\_\_\_\_

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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
KASPER, JOSH  
P.O. BOX 20438  
TALLAHASSEE, FL 32316

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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05/07/07--01021--024 \*\*50.00

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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: \_\_\_\_\_

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

Date

Daytime Phone #

4/26/07 888-528-1898