

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000037358

Entity Name: LITTLE JACK ENTERPRISES, LLC

FILED
Jan 18, 2007
Secretary of State

Current Principal Place of Business:

6615 MAHAN DRIVE
SUITE 306
TALLAHASSEE, FL 32308 US

New Principal Place of Business:

Current Mailing Address:

14204 AMELIA ISLAND WAY
ORLANDO, FL 32828 US

New Mailing Address:

1349 BASSETT HOUND DRIVE
HASLET, TX 76052 US

FEI Number: 14-1896756

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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/MANAGERS:

Title: MGRM () Delete
Name: MATTESON, JOHN H III
Address: 14204 AMELIA ISLAND WAY
City-St-Zip: ORLANDO, FL 32828 US

Title: MGRM () Delete
Name: MATTESON, ERICA D
Address: 3845 OVERLOOK DRIVE
City-St-Zip: TALLAHASSEE, FL 32311 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MATTESON, JOHN H III
Address: 1349 BASSETT HOUND DRIVE
City-St-Zip: HASLET, TX 76052 US

Title: MGRM (X) Change () Addition
Name: MATTESON, ERICA D
Address: 2500 MERCHANTS ROW BLVD #178
City-St-Zip: TALLAHASSEE, FL 32311 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: JOHN H MATTESON, III

MGRM

01/18/2007

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