

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90058 050 ****55.00

DOCUMENT # L03000037394 1. Entity Name DAVID M. JACKSON ARCHITECT, LLC					
Principal Place of Business 9944 S.W. 52ND ROAD GAINESVILLE, FL 32608-7105			Mailing Address 9944 S.W. 52ND ROAD GAINESVILLE, FL 32608-7105		
2. Principal Place of Business 7130 NW 52ND TERR.		3. Mailing Address SAME			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State GAINESVILLE, FL.		City & State 		4. FEI Number NOT APPLICABLE	
Zip 32653-7004		Country LISA		Zip 	
Country 		Country 		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent JACKSON, DAVID M 9944 S.W. 52ND ROAD GAINESVILLE, FL 32608-7105			7. Name and Address of New Registered Agent Name JACKSON, DAVID M Street Address (P.O. Box Number is Not Acceptable) 7130 NW 52ND TERR. City GAINESVILLE FL 32653		
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 DAVID M. JACKSON 4/27/06 <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JACKSON, DAVID M 9944 S.W. 52ND. ROAD GAINESVILLE, FL 326087105	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: DAVID M. JACKSON 4/27/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

352-317-8864