2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR):

Mar 13, 2006 8:00 am Secretary of State DOCUMENT # L04000010237 02-22-2006 90109 049 ****50.00 JACK SCHRAMM COX, L.L.C. Principal Place of Business Mailing Address 9002 S.E. BRIDGE ROAD HOBE SOUND FL 33455 9002 S.E. BRIDGE ROAD HOBE SOUND FL 33455 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) 4. FEI Number City & State City & State Applied For 11-3748680 Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COX, JACK S 9002 S.E. BRIDGE ROAD HOBE SOUND FL 33455 Street Address (P.O. Box Number is Not Acceptable) Zip Code 6. The above nar ntity 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 Signature, typed o ne of reger heat agont and title diapplicable (NOTE: Represent Agest signature required when reinstating FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10 TITLE TETLE MGRM Delete Addition [7] Channe NAME COX, JACK 5 NAME STREET ADDRESS STREET ADDRESS 9002 SE BRIDGE ROAD CITY-S1-ZIP HOBE SOUND FL 33455 CITY-S1-ZIP ☐ Defeto HAF UTE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZP CITY-ST-ZIP Hitte ___ Delete TITLE Change Addition NAME HAME STREET ADDRESS STREET ADDRESS CITY - ST - 21P CITY-ST-ZIP TITLE □ Detete Addition TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP City-\$1-ZIP Delete TITLE Change ☐ Addition TITLE NAME STREET ADORESS STREET ADDRESS CITY-SI-ZIP CITY - ST - ZIP TITLE Defete ☐ Change ☐ Add-tion NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. 772 ·545 · 7650 SIGNATURE

FILED



ATTACHMENT 30002311

FLORIDA DEPARTMENT OF STATE Division of Corporations

February 24, 2006

JACK SCHRAMM COX, L.L.C. 9002 S.E. BRIDGE ROAD HOBE SOUND, FL 33455

Subject: JACK SCHRAMM COX, L.L.C.

Reference Number:

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by a managing member, manager or an authorized representative of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/MH ANNUAL REPORTS SECTION ATTACHMENT

LAW OFFICES OF

~JACK &CHRAMM COX P.A. ~

PRACTICING SINCE 1978 Member of: Florida Bar

Fifth Circuit of the Federal Courts of Appeal Eleventh Circuit of the Federal Courts of Appeal Federal District Court, Southern District of Florida U.S. Bankruptcy Court, Southern District of Florida United States Supreme Court

March 7, 2006

Florida Department of State Division of Corporations P.O. Box 6478 Tallahassee, FL 32314

Re:

Jack Schramm Cox, L.L.C.

Document No.: L04000010237

Dear Clerk:

Enclosed please find your February 24, 2006 letter advising us that our annual report was not fully executed and therefore has not been filed. Additionally, enclosed is the fully executed annual report.

Very truly yours,

Jack S. Cox

JSC/ch Enclosure