2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 30, 2005
Secretary of State

DOCUMENT# L04000011272

Entity Name: JACKSON DEVELOPMENT COPMANY OF NORTHWEST FLORIDA, L.L.C.

Current Principal Place of Business:

423 SURREY DRIVE
GULF BREEZE, FL 32561

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 561
GULF BREEZE, FL 32562

New Mailing Address:

FEI Number: 73-1706839 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

JACKSON, C. GANNON
423 SURREY DRIVE
GULF BREEZE, FL 32561 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:	JACKSON, C. GANNON TRUSTEE	
Address:	423 SURREY DRIVE	
City-St-Zip:	GULF BREEZE, FL 32561	
Title:	MGRM	( ) Delete
Name:	JACKSON, SARAH M TRUSTEE	
Address:	423 SURREY DRIVE	
City-St-Zip:	GULF BREEZE, FL 32561	
Title:	MGRM	( ) Delete
Name:	MCCAIN, JACK BRENT	
Address:	4176 SANTA ROSA DRIVE	
City-St-Zip:	PACE, FL 32571	
Title:	MGRM	( ) Delete
Name:	SPELLING, SAMMIE GLENN	
Address:	6468 CYPRESS STREET	
City-St-Zip:	MILTON, FL 32570	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: GANNON JACKSON MGRM 06/30/2005

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