FILED
May 19, 2006 08:00 A
Secretary of State

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000011531

1. Entity Name
JACS, LLC

Principal Place of Business	Mailing Address
12273 EMERALD COAST PKWY, UNIT 108 DESTIN, FL 32550	P.O. BOX 6697 DESTIN, FL 32550

DO NOT WRITE IN THIS SPACE

02282006 No Chg-LLC CR2E083 (11/05)

4. FEI Number
80-0096561
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

DIXON, STEPHEN D MGRM
PO BOX 6697
DESTIN, FL 32550

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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: _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	DIXON, STEPHEN D
STREET ADDRESS	12273 EMERALD COAST PKWY, UNIT 108
CITY-ST-ZIP	DESTIN, FL 32550
TITLE	MGRM
NAME	DIXON, CARLA J
STREET ADDRESS	12273 EMERALD COAST PKWY, UNIT 108
CITY-ST-ZIP	DESTIN, FL 32550
TITLE	MGRM
NAME	KAZEK, JON J
STREET ADDRESS	12273 EMERALD COAST PKWY, UNIT 108
CITY-ST-ZIP	DESTIN, FL 32550
TITLE	MGRM
NAME	KAZEK, ANNE HURRLE
STREET ADDRESS	12273 EMERALD COAST PKWY, UNIT 108
CITY-ST-ZIP	DESTIN, FL 32550
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/20/06-80130-005 50.00

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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: STEPHEN DIXON 3-10-06 850-6507539
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #