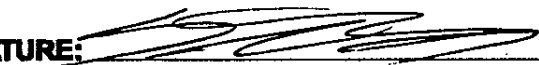


FILED
May 19, 2006 08:00 A
Secretary of State

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000011531 1. Entity Name JACS, LLC			
Principal Place of Business 12273 EMERALD COAST PKWY, UNIT 108 DESTIN, FL 32550		Mailing Address 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		DO NOT WRITE IN THIS SPACE	
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2006			
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE U00000565356 05/20/06-80130-005 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DIXON, STEPHEN D 12273 EMERALD COAST PKWY, UNIT 108 DESTIN, FL 32550		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DIXON, CARLA J 12273 EMERALD COAST PKWY, UNIT 108 DESTIN, FL 32550		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KAZEK, JON J 12273 EMERALD COAST PKWY, UNIT 108 DESTIN, FL 32550		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KAZEK, ANNE HURRLE 12273 EMERALD COAST PKWY, UNIT 108 DESTIN, FL 32550		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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 606, Florida Statutes.			
SIGNATURE:  STEPHEN DIXON		Date 3-10-06	Daytime Phone # 850-6507537