


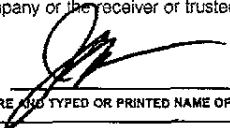


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000012226		
1. Entity Name JACKSON II MOB INVESTORS LLC		
Principal Place of Business 11360 JOG ROAD SUITE 200 PALM BEACH GARDENS, FL 33418	Mailing Address 11360 JOG ROAD SUITE 200 PALM BEACH GARDENS, FL 33418	 01092006 No Chg-LLC CR2E083 (11/05)
DO NOT WRITE IN THIS SPACE		
4. FEI Number 51-0497571		
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable
6. Name and Address of Current Registered Agent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
DATE _____		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		
TITLE	MGRM	 DO NOT WRITE IN THIS SPACE
NAME	SINA, MALCOLM S	
STREET ADDRESS	11360 JOG ROAD, SUITE 200	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418	
TITLE	MGRM	
NAME	GALGANO, JIM	
STREET ADDRESS	11360 JOG ROAD, SUITE 200	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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 608, Florida Statutes.		
SIGNATURE: 		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		
Date _____ Daytime Phone # _____		