

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 07, 2006 8:00 am**  
**Secretary of State**

04-07-2006 90216 005 \*\*\*\*55.00

DOCUMENT # L04000023310

1. Entity Name

JACK W RIGGS LLC



Principal Place of Business

Mailing Address

16731 MCGREGOR BLVD. APT. 223  
FORT MYERS FL 33908  
1856 Oak Dr.  
Ft. Fla. 33907

16731 MCGREGOR BLVD. APT. 223  
FORT MYERS FL 33908  
1856 Oak Dr.  
Ft. Fla. 33907



2. Principal Place of Business

3. Mailing Address

Home 1856 Oak Dr.  
Suite, Apt. #, etc.  
None

1856 Oak Dr.  
Suite, Apt. #, etc.  
None

1st MOORE

CR2E083 (10/05)

City & State

City & State

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

33907 Lee

33907 Lee

5. Certificate of Status Desired

☒

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RIGGS, JACK W

Name Jack Riggs W

Street Address (P.O. Box Number is Not Acceptable)  
1856 Oak Drive

City Fort Myers

FL

Zip Code 33907

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

3/16/06

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State.  
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE NAME MGRM RIGGS, JACK W ☐ Delete  
STREET ADDRESS 16731 MCGREGOR BLVD. APT. 223  
CITY-ST-ZIP FORT MYERS FL 33908

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME MGRM Riggs Jack W ☒ Change ☐ Addition  
STREET ADDRESS 1856 Oak Dr.  
CITY-ST-ZIP Ft. Fla. 33907

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
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 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/16/06 239/257-7552