

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 30, 2005 8:00 am**  
**Secretary of State**

03-30-2005 90164 031 \*\*\*\*50.00

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<b>DOCUMENT # L04000038185</b> 1. Entity Name <b>FREERPORT JACKOBY LLC</b>					
Principal Place of Business <b>C/O STEVEN A. SCIARRETTA, ESQ.</b> <b>2300 GLADES ROAD, STE. 302-EAST</b> <b>BOCA RATON, FL 33431</b>			Mailing Address <b>C/O STEVEN A. SCIARRETTA, ESQ.</b> <b>2300 GLADES ROAD, STE. 302-EAST</b> <b>BOCA RATON, FL 33431</b>		
2. Principal Place of Business <b>123 Quincy Circle</b> Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 4937</b> Suite, Apt. #, etc.			
City & State <b>Santa Rosa Beach, FL.</b> Zip <b>32459</b>		City & State <b>SANTA ROSA BEACH, FL.</b> Zip <b>32459</b>		4. FEI Number <b>201156024</b>	
Country <b>USA</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SCIARRETTA, STEVEN A ESQ</b> <b>2300 GLADES ROAD, STE. 302-EAST</b> <b>BOCA RATON, FL 33431</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2005</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCIARRETTA, STEVEN A ESQ 2300 GLADES ROAD, STE. 302-EAST BOCA RATON, FL 33431			<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Helen SANDRA FISKE P.O. Box 4733 SANTA ROSA BEACH, FL. 32459			<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GERALD W. ANDERSON P.O. Box 4733 SANTA ROSA BEACH, FL. 32459			<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)			<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)			<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)			<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify 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 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: <u>Helen Sandra Fiske</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				3/25/05 239-293-0112 <small>Date Daytime Phone #</small>	