

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90181 024 ****50.00

DOCUMENT # L04000038185

1. Entity Name

FREEPORT JACKOBY LLC



Principal Place of Business

**123 QUINCY CIR
SANTA ROSA BEACH, FL 32459**

Mailing Address

**P O BOX 4937
SANTA ROSA BEACH, FL 32459**

DO NOT WRITE IN THIS SPACE



03032007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number

20-1156024

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SCIARETTA, STEVEN A ESQ
2300 GLADES ROAD, STE. 302 EAST
BOCA RATON, FL 33481
2799 N.W. BOCA RATON BLVD. #203
BOCA RATON, FL 33431**

**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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
FISKE, HELEN S
POB 4937
SANTA ROSA BEACH, FL 32459**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
ANDERSON, GERALD W
POB 4937
SANTA ROSA BEACH, FL 32459**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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 #

Helen S. Fiske **HELEN S. FISKE** 3/16/07 239-293-0112