

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000042068

Entity Name: JACO GROUP, LLC

FILED  
May 07, 2005  
Secretary of State

**Current Principal Place of Business:**

1506 SOUTH VALRICO ROAD  
VALRICO, FL 33594

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 243  
VALRICO, FL 33594

**New Mailing Address:**

FEI Number: 16-1702258      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

HARRIS, LAURIE L  
1506 SOUTH VALRICO ROAD  
VALRICO, FL 33594      US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR      ( ) Delete  
Name: HARRIS, LAURIE L  
Address: 1506 SOUTH VALRICO ROAD  
City-St-Zip: VALRICO, FL 33594

Title: MGRM      ( ) Delete  
Name: HARRIS, CHARLES E  
Address: 1506 SOUTH VALRICO ROAD  
City-St-Zip: VALRICO, FL 33594

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: C. EDWARD HARRIS

MGRM

05/07/2005

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date