2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000042885

1. Entity Name
JACKSON FAMILY PROPERTIES I, L.L.C.

Principal Place of Business	Mailing Address
6254 COLAN PLACE SARASOTA, FL 34240	6254 COLAN PLACE SARASOTA, FL 34240

DO NOT WRITE IN THIS SPACE

01172007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number NOT APPLICABLE	Applied For
	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

COMPTON, JOHN M
1819 MAIN STREET SUITE 610
SARASOTA, FL 34236

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	MGR
NAME	JACKSON, THOMAS A
STREET ADDRESS	6254 COLAN PLACE
CITY-ST-ZIP	SARASOTA, FL 34240
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000630690
02/20/07-80017-006 50.00

DO NOT WRITE 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: _____ Thomas A Jackson _____ 2-9-07 _____ 941 3779911

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #