


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 20, 2006 8:00 am
Secretary of State

01-20-2006 90047 019 ****55.00

DOCUMENT # L04000048199		
1. Entity Name JAC HOLDINGS L.L.C.		

Principal Place of Business 14438 CALABAY CT. ORLANDO, FL 32837 US	Mailing Address 14438 CALABAY CT. ORLANDO, FL 32837 US
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40003832



2. Principal Place of Business 8712 LEE VISTA BLVD Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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01162006 Chg-LLC CR2E083 (11/05)

City & State ORLANDO FL	City & State	4. FEI Number 34-2035565	Applied For Not Applicable
Zip 32829	Country USA	Zip	Country

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required

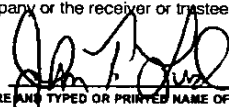
6. Name and Address of Current Registered Agent LUND, JOHN 14438 CALABAY CT. ORLANDO, FL 32837		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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8. The above named entity submits 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.	
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SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
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Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LUND, JOHN 14438 CALABAY CT. ORLANDO, FL 32837 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LUND, JELAIN 14438 CALABAY CT. ORLANDO, FL 32837 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  JOHN T. LUND MANAGING MEMBER 1/16/2006 407-251-5360	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #