
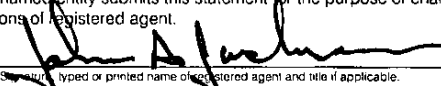
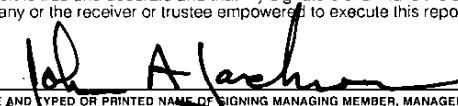


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 28, 2005 8:00 am
Secretary of State

07-28-2005 90069 013 ****50.00

DOCUMENT # L04000054126			
1. Entity Name JACKSON SMITH LLC			
Principal Place of Business 26 CALLE HERMOSA PENSACOLA BEACH, FL 32561		Mailing Address 26 CALLE HERMOSA PENSACOLA BEACH, FL 32561	
2. Principal Place of Business 913 Gulf Breeze Pkwy. Suite, Apt. #, etc. 5-A		3. Mailing Address 913 Gulf Breeze Pkwy. Suite, Apt. #, etc. 5-A	
City & State Gulf Breeze FL Zip 32561 Country USA		City & State Gulf Breeze F Zip 32561 Country USA	
4. FEI Number 20-1393528		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH, KENNY JR 26 CALLE HERMOSA PENSACOLA BEACH, FL 32561		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Accepted) 913 Gulf Breeze Pkwy 5A City Gulf Breeze FL 32561	
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  DATE 7.22.05 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGRM NAME SMITH, KENNY JR STREET ADDRESS 26 CALLE HERMOSA CITY-ST-ZIP PENSACOLA BEACH, FL 32561	<input type="checkbox"/> Delete	TITLE Same NAME Same STREET ADDRESS 913 Gulf Breeze Parkway 5-A CITY-ST-ZIP Gulf Breeze, FL 32561	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE MGRM NAME JACKSON, JOHN STREET ADDRESS 26 CALLE HERMOSA CITY-ST-ZIP PENSACOLA BEACH, FL 32561	<input type="checkbox"/> Delete	TITLE Same NAME Same STREET ADDRESS 913 Gulf Breeze Parkway 5-A CITY-ST-ZIP Gulf Breeze, FL 32561	<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
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
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
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: 		7.22.05	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	