
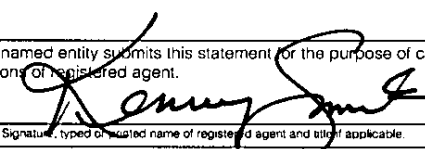
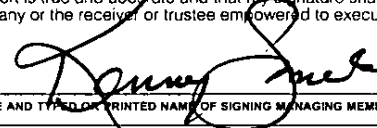


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90300 001 ***100.00

DOCUMENT # L04000054126 1. Entity Name JACKSON SMITH LLC					
Principal Place of Business 918 GULF BREEZE PARKWAY 5-A GULF BREEZE, FL 32561			Mailing Address 918 GULF BREEZE PARKWAY 5-A GULF BREEZE, FL 32561		
2. Principal Place of Business 415B N Tarragona St <small>Suite, Apt. #, etc.</small>		3. Mailing Address 415B N. Tarragona St. <small>Suite, Apt. #, etc.</small>			
City & State Pensacola FL		City & State Pensacola FL		4. FEI Number 20-1393528	
Zip 32501	Country USA	Zip 32501	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH, KENNY JR 913 GULF BREEZE PARKWAY 5-A PENSACOLA BEACH, FL 32561				7. Name and Address of New Registered Agent Name Smith, Kenny R Street Address (P.O. Box Number is Not Acceptable) 415B N Tarragona St. Pensacola FL 32501 City FL Zip Code	
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 4.21.06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SMITH, KENNY JR 913 GULF BREEZE PARKWAY, 5A GULF BREEZE, FL 32561 <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 JACKSON, JOHN 913 GULF BREEZE PARKWAY, 5A GULF BREEZE, FL 32561 <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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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 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: 				Date 4.21.06 Daytime Phone # 350-437-0108	