

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Feb 01, 2008 8:00 am
Secretary of State

02-01-2008 90047 049 ***138.75

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01232008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L04000060170			
1. Entity Name JACK'S LANDING, L.L.C.			
Principal Place of Business 69 MAIN STREET C/O MF&B, MICHAEL LYONS #1829 SAG HARBOR, NY 11963		Mailing Address 69 MAIN STREET C/O MF&B, MICHAEL LYONS #1829 SAG HARBOR, NY 11963 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. BOX 592	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State SAG HARBOR, NY	
Zip	Country	Zip	Country
11963	USA	11963	USA
4. FEI Number 86-1113684		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		Additional Fee Required \$5.00	
6. Name and Address of Current Registered Agent COVAN, DIANE T ESQ 1901 FOGARTY AVENUE, SUITE #1 KEY WEST, FL 33040		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 <i>[Signature]</i>		DATE <i>1/29/08</i>	
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LYONS, MICHAEL 69 MAIN STREET # 1829 SAG HARBOR, NY 11963 <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 606, Florida Statutes.			
SIGNATURE: <i>[Signature]</i>		Date <i>1/29/08</i> Daytime Phone # <i>631 377-2328</i>	
Signature and typed or printed name of signing managing member, manager, or authorized representative		Date Daytime Phone #	