

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000081188

Entity Name: JACKLAND INVESTMENTS, LLC

FILED  
Jun 29, 2005  
Secretary of State

**Current Principal Place of Business:**

2 ALHAMBRA PLAZA, SUITE 1202  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

308 EAST 72 STREET  
SUITE 9D  
NEW YORK, NY 10021

**Current Mailing Address:**

2 ALHAMBRA PLAZA, SUITE 1202  
CORAL GABLES, FL 33134

**New Mailing Address:**

308 EAST 72 STREET  
SUITE 9D  
NEW YORK, NY 10021

FEI Number: 98-0446633      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

ALHAMBRA REGISTERED AGENTS, INC.  
2 ALHAMBRA PLAZA, SUITE 1202  
CORAL GABLES, FL 33134      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: RECANATI, DAVID  
Address: 308 EAST 72 STREET, SUITE 9D  
City-St-Zip: NEW YORK, NY 10021

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: DAVID RECANATI

MGR

06/29/2005

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date