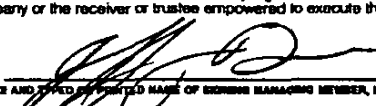


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 02, 2005 8:00 am
Secretary of State

05-16-2005 90039 037 ****50.00

DOCUMENT # L04000088389			
1. Entity Name JAC1 LLC			
Principal Place of Business 105 SOUTH MAYO STREET CRYSTAL BEACH, FL 34681		Mailing Address 105 SOUTH MAYO STREET CRYSTAL BEACH, FL 34681	
2. Principal Place of Business		3. Mailing Address PO Box 742	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Crystal Beach FL	
Zip	Country	Zip	Country
34681		34681	PineHaw
4. FEI Number 34-2027253		Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent BUSINESS FILINGS INCORPORATED 1203 GOVERNORS SQUARE BLVD SUITE 101 TALLAHASSEE, FL 32301-2860		7. Name and Address of New Registered Agent Name: Jeffery P Lane Street Address: 105 S Mayo St Mailing Address: (PO Box 742) City: Crystal Beach FL Zip Code: 34681	
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: 5/12/05	
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 NAME STREET ADDRESS CITY - ST - ZIP	MGR LANE, JEFFERY 105 SOUTH MAYO STREET CRYSTAL BEACH, FL 34681 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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: 		DATE: 5/12/05	
SIGNATURE AND PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

30008411



05032005 Chg-LLC CR2E083 (10/03)

105 S Mayo St
Crystal Beach FL
34681