

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000088856

FILED
Apr 11, 2007
Secretary of State

Entity Name: JACKSON BLUFF CONDOMINIUMS, LLC

Current Principal Place of Business:

1505 CAPITAL CIRCLE NW
TALLAHASSEE, FL 32303

New Principal Place of Business:

Current Mailing Address:

1505 CAPITAL CIRCLE NW
TALLAHASSEE, FL 32303

New Mailing Address:

FEI Number: 20-2050086

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, W. CRIT
3520 THOMASVILLE ROAD, 4TH FLOOR
TALLAHASSEE, FL 32309 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: MGRM () Delete
Name: MEEKS, CASEY
Address: 1978 R.L. WILSON LANE
City-St-Zip: TALLAHASSEE, FL 32309

Title: MGRM () Delete
Name: HENDERSON, CHAD
Address: 421 WILSON AVENUE
City-St-Zip: TALLAHASSEE, FL 32303

Title: MGRM () Delete
Name: BARNARD, BRIAN B
Address: 3459 HYDE PARK WAY
City-St-Zip: TALLAHASSEE, FL 32309

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MEEKS, CASEY
Address: 1505 CAPITAL CIRCLE NW
City-St-Zip: TALLAHASSEE, FL 32303

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: CASEY MEEKS

MGRM

04/11/2007

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