

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90041 005 ****50.00

DOCUMENT # L04000090842

1. Entity Name
JACKSON-BEAR PROPERTIES, LLC



Principal Place of Business
355 NE 5TH AVENUE, SUITE 5
DELRAY BEACH, FL 33483

Mailing Address
355 NE 5TH AVENUE, SUITE 5
DELRAY BEACH, FL 33483

40030846

2. Principal Place of Business

2133 Broadway
Suite, Apt. #, etc.

3. Mailing Address

2133 Broadway
Suite, Apt. #, etc.



01192006 Chg-LLC CR2E083 (11/05)

City & State

Fort Myer, FL

Zip
33760

Country
USA

City & State

Fort Myers, FL

Zip
33760

Country
USA

4. FEI Number
20-2474940

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MARKUS FINANCIAL GROUP, LLP
355 NE 5TH AVENUE, SUITE 5
DELRAY BEACH, FL 33483

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/5/06
DATE

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME JACKSON, THOMAS
STREET ADDRESS 320 WEST GOLF AVENUE
CITY-ST-ZIP OTTUMWA, IA 52501 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGRM
NAME Jackson, Thomas
STREET ADDRESS 1742 Timberline Circle
CITY-ST-ZIP Fort Myers, FL 33912 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/5/06 239-334-1118

Date

Daytime Phone #