2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2008 8:00 am
Secretary of State
03-07-2008 90227 022 ***138.75

DOCUMENT # L05000008157

1. Entity Name
MASCOTTE LAKE JACKSON DEVELOPMENT GROUP, LLC

Principal Place of Business	Mailing Address
10039 LAKE LOUISA RD CLERMONT, FL 34711	10039 LAKE LOUISA RD CLERMONT, FL 34711

DO NOT WRITE IN THIS SPACE

02262008 No Chg-LLC CR2E083 (12/07)

4. FEI Number
51-0534655
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LANE, PAUL C
7087 GRAND NATIONAL DRIVE, SUITE 100
ORLANDO, FL 32819

DO NOT WRITE IN THIS SPACE

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] 3-06-08
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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	MCEWEN, TERRY
STREET ADDRESS	17200 VILLA CITY ROAD
CITY-ST-ZIP	GROVELAND, FL 34736
TITLE	MGRM
NAME	DECKER, DANIEL J
STREET ADDRESS	9943 LAKE LOUISA RD
CITY-ST-ZIP	CLERMONT, FL 34711
TITLE	MGRM
NAME	JANNEY, DAVID A
STREET ADDRESS	1710 LEE ROAD
CITY-ST-ZIP	ORLANDO, FL 32810
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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] DANIEL J. DECKER 4/9/08 352-242-1068
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #