


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90041 037 ****50.00

DOCUMENT # L05000011330	
1. Entity Name JACKSON INVESTMENT PROPERTIES, LLC	

Principal Place of Business 1998 SAWDUST ROAD QUINCY, FL 32351	Mailing Address 1998 SAWDUST ROAD QUINCY, FL 32351
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2. Principal Place of Business 1600 Reynolds Rd.	3. Mailing Address 1600 Reynolds Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

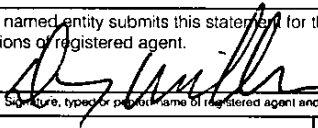
City & State Quincy, FL	City & State Quincy, FL
Zip 32351	Zip 32351
Country US	Country US



01252006 Chg-LLC CR2E083 (11/05)

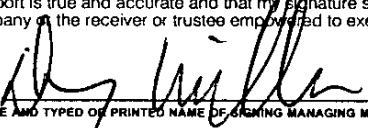
6. Name and Address of Current Registered Agent MILLER, DANNY R 1998 SAWDUST ROAD QUINCY, FL 32351	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
1600 Reynolds Rd.	
City Quincy	State FL
Zip Code 32351	

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 4/11/06
(NOTE: Registered Agent signature required when reinstating)	

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MILLER, DANNY R 1998 SAWDUST ROAD QUINCY, FL 32351 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1600 Reynolds Rd. Quincy, FL 32351 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  Danny Miller	DATE: 4/11/06 DAYTIME PHONE: 345-5839
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	