## 2006 LIMITED LIABILITY COMPANY

## Mar 21, 2006 8:00 am ANNUAL REPORT **Secretary of State DOCUMENT # L05000014359** 03-21-2006 90294 025 \*\*\*150.00 1. Entity Name JACKSON ANNAPOLIS HOLDINGS, LLC Mailing Address Principal Place of Business 5143 COMMERCIAL WAY 5143 COMMERCIAL WAY SPRING HILL, FL 34606 SPRING HILL, FL 34606 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03072006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FFI Number Applied For Not Applicable <u>20-2370645</u> Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent ... 6. Name and Address of Current Registered Agent KIERZYNSKI, MICHAEL J Street Address (P.O. Box Number is Not Acceptable) 5143 COMMERCIAL WAY SPRING HILL, FL 34606 City Zip Code FL 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) DATE Filing Fee Is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. MGR TITLE ☐ Delete TITI F ☐ Change ■ Addition KIERZYNSKI, MICHAEL J NAME NAME 5143 COMMERCIAL WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SPRING HILL, FL 34606 MGR ☐ Delete TIT! F TITLE ☐ Change ☐ Addition BARTLETT, STEVEN L NAME STREET ADDRESS STREET ADDRESS 10119 SHORTLEAF COURT CITY-ST-ZIP CITY-ST-ZIP BROOKSVILLE, FL TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Contibba TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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.

TITLE

NAME

☐ Delete

GNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

TITLE

NAME STREET ADDRESS

CITY-ST-7IP

MICHAEL KIERZYNSKI

STREET ADDRESS

CITY-ST-ZIP

x 3/14/06

**FILED** 

Daytime Phone #

☐ Change

Addition