2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000015484

JACKSON DESIGN AND DEVELOPMENT LLC



FILED Apr 10, 2006 8:00 am Secretary of State

04-10-2006 90035 005 ****50.00

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|---|---|--|-------------------------------|-------------|--|------------------|--------------------------|
| Principal Place of Business 167 CARIBBEAN DR EAST SUMMERLAND KEY, FL 33042 | | Mailing Address 167 CARIBBEAN DR EAST SUMMERLAND KEY, FL 33042 | | | U | 126672 | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 04072006 | Chg-LLC | CR2E083 (11/05) | |
| City & State | | City & State | | 4. FEI Numb | ar azo354 | ·_ | oplied For ot Applicable |
| Zip | Country | Zip - | Country | | of Status Desired | S5.00 Adk | |
| | 6. Name and Address of Current R | egistered Agent | | 7. Name and | Address of New R | legistered Agent | |
| IACKSON WILLIAM M | | | Name | Name | | | |
| JACKSON, WILLIAM M 167 CARIBBEAN DR EAST SUMMERLAND KEY, FL 33042 | | | Street Address (| | (P.O. Box Number is Not Acceptable) | | |
| | | | City | | · · · · · · · · · · · · · · · · · · · | FL Zip Cod | le |
| 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 Skineture, most or privad name of registered spam and title if applicable (NOTE: Registered Agent signature required when renstating) DATE | | | | | | | |
| 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 | | |
| 9. | MANAGING MEMBER | S/MANAGERS | 10. | | ADDITIONS | /CHANGES | |
| TITLE | MGR | ☐ Detete | TITLE | | | Change | ☐ Addition |
| NAME OTREET LODDESO | JACKSON, WILLIAM M | | NAME OTREET ADDRESS | | | | |
| STREET ADDRESS CITY-ST-ZIP | 167 CARIBBEAN DR EAST SUMMERLAND KEY, FL 33042 | | STREET ADORESS CITY-ST-ZIP | | | | |
| TITLE | COMMENCE AND NET, I'E COUNT | ☐ Delete | TITLE | | | ☐ Change | Addition |
| NAME | | L_I Delete | NAME | | | Ti cumilia | |
| STREET ADDRESS | | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | | |
| TITLE | | ☐ Delete | TITLE | | | ☐ Change | - 🔲 Addition |
| NAME | | | NAME | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | STREET ADDRESS CITY-ST-ZIP | | | | |
| | | Delete | TITLE | | | Change | Addition |
| TITLE NAME | | □ Deserte | NAME | | | C) confide | TT vocation i |
| STREET ADDRESS | | | STREET ADORESS | | | | |
| CFTY-ST-ZIP | | | CITY-ST-ZIP | | | | |
| TITLE | | ☐ Delete | TITLE | | | ☐ Change | Addition |
| NAME | | | NAME | | | | |
| STREET ADDRESS | | ; | STREET ADDRESS | | | | |
| CITY-\$1-ZIP | | | CITY-ST-ZIP | | | ☐ Ch | Addition- |
| TITLE NAME | | ☐ Delete | TITLE NAME | | | Change | Addition |
| STREET ADDRESS | | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | 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 fimited 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 HAME OF BIG

GER, OR AUTHORIZED REPRESENTATIVE

4/1/2006