



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 12, 2006 8:00 am
Secretary of State

07-12-2006 90085 048 ****50.00

DOCUMENT # L05000018105					
1. Entity Name JARCK, LLC					
Principal Place of Business 6801 N.W. NINTH BLVD, STE 3 GAINESVILLE, FL 32605			Mailing Address 6801 N.W. NINTH BLVD, STE 3 GAINESVILLE, FL 32605		
2. Principal Place of Business 6730 NW 11th Pl Suite, Apt. #, etc.		3. Mailing Address 6730 NW 11th Place Suite, Apt. #, etc.			
City & State Gainesville, FL Zip 32605 Country USA		City & State Gainesville, FL Zip 32605 Country USA		4. FEI Number 20-2411005	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BUTTS, ROBERT P ESQ FISHER, BUTTS, SECHREST & WARNER, PA 5203 SW 91ST TERR, STE D GAINESVILLE, FL 32608			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGRM NAME ALDERMAN, JENNIFER L STREET ADDRESS 6801 N.W. NINTH BLVD, STE 3 CITY - ST - ZIP GAINESVILLE, FL 32605	<input type="checkbox"/> Delete		TITLE MGRM NAME Alderman, Jennifer L STREET ADDRESS 6730 NW 11th Pl CITY - ST - ZIP Gainesville, FL 32605	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGRM NAME ROSS, KELLI C STREET ADDRESS 6801 N.W. NINTH BLVD, STE 3 CITY - ST - ZIP GAINESVILLE, FL 32605	<input type="checkbox"/> Delete		TITLE MGRM NAME Ross, Kelli C STREET ADDRESS 6730 NW 11th Pl CITY - ST - ZIP Gainesville, FL 32605	<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	
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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	
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:  Jennifer L. Alderman			Date 7/7/06 Daytime Phone # 352 331-3234		