2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 01, 2006
Secretary of State

DOCUMENT# L05000028888

Entity Name: BLACKJACK TRANSPORT L.L.C.

Current Principal Place of Business:

3519 BONAIRE BLVD., APT. 1502
KISSIMMEE, FL 34741

New Principal Place of Business:

Current Mailing Address:

3519 BONAIRE BLVD., APT. 1502
KISSIMMEE, FL 34741

New Mailing Address:

FEI Number: 56-2506228 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JACKSON, JAMILA E
3519 BONAIRE BLVD., APT. 1502
KISSIMMEE, FL 34741 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: JACKSON, ROOSEVELT III
Address: 3519 BONAIRE BLVD., APT. 1502
City-St-Zip: KISSIMMEE, FL 34741

Title: MGRM ( ) Delete
Name: JACKSON, JAMILA E
Address: 3519 BONAIRE BLVD., APT. 1502
City-St-Zip: KISSIMMEE, FL 34741

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGMR ( ) Change (X) Addition
Name: ROOSEVELT, JACKSON JR
Address: 24 ROLLINS AVE
City-St-Zip: ST AUGUSTINE, FL 32086

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JAMILA E JACKSON PR 02/01/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date