


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90036 023 \*\*\*\*50.00

**DOCUMENT # L05000071613**

1. Entity Name  
**JAKS INVESTMENTS, LLC**



**40088578**



Principal Place of Business  
**8526 EAST FORT COOPER ROAD  
 INVERNESS, FL 34450**

Mailing Address  
**8526 EAST FORT COOPER ROAD  
 INVERNESS, FL 34450**

2. Principal Place of Business  
**5786 W. S.R. 44**

3. Mailing Address  
**5786 W. S.R. 44**

Suite, Apt. #, etc.

02132006 Chg-LLC CR2E083 (11/05)

City & State  
**Lk. Panasoffkee, FL**

City & State  
**Lk. Panasoffkee, FL**

Zip  
**33538**

Country  
**USA**

Zip  
**33538**

Country  
**USA**

4. FEI Number  
**20-3215634**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**COLEMAN, ANTHONY G JR  
 3275 WEST HILSBORO BOULEVARD, SUITE 207  
 DEERFIELD BEACH, FL 33442**

7. Name and Address of New Registered Agent

Name  
**KAREN BIGGE**

Street Address (P.O. Box Number is Not Acceptable)  
**5786 West S.R. 44**

City  
**Lk Panasoffkee**

FL

Zip Code  
**33538**

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 *Karen Bigge* (NOTE: Registered Agent signature required when reinstating)

DATE *3-3-06*

**Filing Fee is \$50.00  
 Due by May 1, 2006**

**Make check payable to  
 Florida Department of State**

9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>President William C. Bigge 5786 W. S.R. 44 Lk. Panasoffkee, FL 33538</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Secretary/Treasurer Karen S. Bigge 5786 W. S.R. 44 Lk. Panasoffkee, FL 33538</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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 *Karen S. Bigge* **KAREN S. BIGGE**  *3/3/06* *352-748-5521*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #