



**FILED**  
**Apr 25, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000074565</b> 1. Entity Name <b>JACKSON STREET, L.L.C.</b>			
Principal Place of Business <b>P.O. BOX 285 FREEPORT, FL 32439</b>		Mailing Address <b>P.O. BOX 285 FREEPORT, FL 32439</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
		04192007No Chg-LLC      CR2E083 (11/05)	
		4. FEI Number <b>20-3229208</b>	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>HELMICH, KEVIN M 4481 LEGENDARY DRIVE, SUITE 200 DESTIN, FL 32541</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>DO NOT WRITE IN THIS SPACE</b>  U000000729847 05/08/07-80053-024 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR IGNASIAK, TERESA P P.O. BOX 289 FREEPORT, FL 32439		
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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: <i>Teresa P. Ignasiak</i> <b>TERESA P. IGNASIAK</b>		850 835 4333      4/19/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date      Daytime Phone #	