

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000106054

Entity Name: JACS FINANCIAL, LLC

FILED
Jan 09, 2008
Secretary of State

Current Principal Place of Business:

4201 GULF SHORE BLVD NORTH
SUITE 503
NAPLES, FL 34103 US

New Principal Place of Business:

Current Mailing Address:

4201 GULF SHORE BLVD NORTH
SUITE 503
NAPLES, FL 34103 US

New Mailing Address:

FEI Number: 20-3719901

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOPKINS, WILLIAM A
4201 GULF SHORE BLVD NORTH
SUITE 503
NAPLES, FL 34103 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: HOPKINS, WILLIAM A
Address: 4400 GULF SHORE BOULEVARD NORTH, UNIT 503
City-St-Zip: NAPLES, FL 34103 US

Title: MGRM () Delete
Name: HOPKINS, CLAIRE L
Address: 4400 GULF SHORE BOULEVARD NORTH, UNIT 503
City-St-Zip: NAPLES, FL 34103 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HOPKINS, WILLIAM A
Address: 4201 GULF SHORE BOULEVARD NORTH, UNIT 503
City-St-Zip: NAPLES, FL 34103 US

Title: MGRM (X) Change () Addition
Name: HOPKINS, CLAIRE L
Address: 4201 GULF SHORE BOULEVARD NORTH, UNIT 503
City-St-Zip: NAPLES, FL 34103 US

I hereby certify that the information supplied with this filing does not qualify 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: WILLIAM A. HOPKINS

MGRM

01/09/2008

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