

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT


**FILED**  
**Jun 08, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90060 045 \*\*\*\*50.00

30010271



04262007 Chg-LLC CR2E083 (12/06)

<b>DOCUMENT # L06000003200</b>			
1. Entity Name <b>BACON INVESTMENTS, LLC</b>			
Principal Place of Business <b>111 RIVERSIDE AVENUE JACKSONVILLE, FL 32202</b>		Mailing Address <b>111 RIVERSIDE AVENUE JACKSONVILLE, FL 32202</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>20-4083049</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>HALVERSON, STEVEN T 111 RIVERSIDE AVENUE JACKSONVILLE, FL 32202</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>Mgr. STEVEN T. HALVERSON 111 RIVERSIDE AVENUE JACKSONVILLE, FL 32202</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <b>STEVEN T. HALVERSON</b>		Date: <b>4/27/07</b> 904-791-4504	