2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Mar 07, 2008 08:00 A Secretary of State **DOCUMENT # L06000062425** 1. Entity Name JACKLAND #3, LLC Principal Place of Business Mailing Address **424 NE ROSEMARY LANE 424 NE ROSEMARY LANE** MAYO, FL 32066 MAYO, FL 32066 02212008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-8020933 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BOONE, SAM W DO NOT WRITE 605 N.E. FIRST STREET SUTIE E GAINESVILLE, FL 32601 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) U000008511187 <u>03/25/08-80022-020 138.75</u> FILE NOW!!! FEE IS \$138.75 .After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS 9. . TITLE JACKSON, KENNETH B NAME STREET ADDRESS 424 NE ROSEMARY LANE CITY-ST-ZIP MAYO, FL 32066 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CiTY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP

11. I hereby certify that the information supplied with this filting 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

3-4-08

FILED