## FILED Apr 13, 2007 8:00 am Secretary of State 03-28-2007 90185 046 \*\*\*\*50.00

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## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # LUDUUUU02432  1. Entity Name  JACKLAND #1, LLC									
Principal Place of Business 424 NE ROSEMARY LANE MAYO, FL 32066		Mailing Address 424 NE ROSEMARY LANE MAYO, FL 32066							
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		03062007	Chg-LLC	CR2E083 (12	<b>06</b> )	
City & State		City & State			4. FEI Numb	* 802093	···	Applied For Not Applicable	
Zip Country		Zip			i	e of Status Dosired	Fee Re	O Additional equired	
	8. Name and Address of Currer	nt Registered Agent	Name		7. Name an	d Address of New R	legistered Agent		
BOONE, SAM W 605 N.E. FIRST STREET SUITE E GAINESVILLE, FL 32601			Street Address		P.O. Box Numb	ber is Not Acceptable	9)		
			City			<del></del>	FL 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. It am familiar with, and accept the obligations of registered agent,									
SIGNATURE Signature, typed or printed name of registered agent and lide 4 spotacable. (NOTE: Registered Agent signature required when renatating)  OATE									
	iling Fee is \$50.00 tue by May 1, 2007					Make check payable to Florida Department of State			
9.	T .	BERS/MANAGERS	10.			ADDITIONS/	/CHANGES		
NAME STREET ADDRESS CITY-SI-DP	MGR JACKSON, KENNETH B 424 NE ROSEMARY LANE MAYO, FL 32066	☐ Delizie		1			□ cha	ange 🔲 Addition	
THILE NAME SIREET ADDRESS CITY-ST-ZIP		☐ Celate		ı			Cha	ange 🗋 Addition	
TITLE NAME STREET ADDRESS CITY-SE-ZIP		☐ Delete		i			Cha	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ Cha	ange 🗌 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZP		☐ Delete	TITLE NAME STREET CITY-S	ET ADORESS			☐ Cha	ange 🔲 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delets	TITLE NAME STREET CITY-S	ET ADORESS			☐ Cha	ange 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 only; that I am a managing member or manager of the limited liability company or the receiver or trustee emproved to execute this report as required by Chapter 608, Florida Statutes.									
SIGNATURE: DEMINISTRATED HANGE OF SIGNING MANAGER MANAGER OF AUTHORIZED REPRESENTATIVE DAILY DAI									