## 2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## **DOCUMENT # L06000083634**

1 Entity Name
JACK'S HILL, LLC



## **FILED** Apr 12, 2007 8:00 am Secretary of State 04-12-2007 90179 008 \*\*\*\*50.00

				- T- T-					
Principal Plac	e of Business	Mailing Address							
915 NE 2 ND STREET		915 NE 2 ND STREET			1				
POMPANO BEACH, FL 33060		POMPANO BEACH, FL 33060							
2. Principal P	lace of Business - No P.O. Box#	3. Mailing Address			- , i	06000	<b>ሰ</b> ያ 3	631	<b>C</b> )
<u> </u>					( -	00000	003	0 3 4	<b>C</b> )
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04022007	Chg-LLC	CB 2E C	83 (12/06)	
					0,022007	City-LLC	CRZEC	703 (12700)	
City & State		City & State		4. FEI Numb			<u> </u>	plied For	
7in Communication		Zip Country		20-5	5841831			t Applicable	
Zip Country		Zip	Couriery		5. Certificate	e of Status Desired		\$5.00 Add	
	6. Name and Address of Current F	egistered Agent	gistered Agent 7. !			Name and Address of New Registered Agent			
or valid and values of during state region				Name					
	RE, MERRILLE		C					<del></del>	
915 NE 2N		Street Address (P.O. Box Num			oeris NotAcceptab	ile)			
PUMPAIN	D BEACH, FL 33060							·	
		- Ch.						Zip Code	
		City				FL	.   25 ca.		
	named entity submits this statement for	the purpose of changing its	regis tere	ed office or registe	ered agent, or bo	oth, in the State of F	ilonida. Iam	familiar with,	and accept
the obligat	ions of registered agent.								
SIGNATURE	Signature, typed or printed name of registered agenta	and pitts & a major while (BAO II)	C · O · · · ista · ·	d Agentsignature require	d who a minet of no.		DA TE		
	aginouse, type of praticul manner of registerical eye ma	na the rappitable. (Non	egisten	a referred and the state	when revisiting)	Ι			·
Filing Fee is \$50.00					Ma	ke check p	payable to		
Due by May 1, 2007				Florida Department of State					
9.	MANAGING MEMBER	<u> </u>	10.			ADDITIONS	5 /CHANGES		
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				ST ZIP					

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 C hapter 608, Florida Statutes.