


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90150 005 \*\*\*143.75

<b>DOCUMENT # L07000081655</b>	
1. Entity Name <b>JACKSON VENTURES, LLC</b>	

Principal Place of Business <b>7706 CITRUS BLOSSOM DRIVE LAND O LAKES FL 34637</b>	Mailing Address <b>7706 CITRUS BLOSSOM DRIVE LAND O LAKES FL 34637</b>
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2. Principal Place of Business - No P.O. Box # <b>14452 Bruce B Downs Blvd</b>	3. Mailing Address <b>P.O. Box 2780</b>
Suite, Apt. #, etc. <b>Suite 319</b>	Suite, Apt. #, etc.

1st MOORE CR2E083 (10/07)

City & State <b>Tampa FL</b>	City & State <b>Land O Lakes FL</b>
Zip <b>33613</b>	Zip <b>34639</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>26-0769679</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>FLORIDA INCORPORATORS, INC. 8875 HIDDEN RIVER PARKWAY, STE. 300 TAMPA FL 33637</b>	
7. Name and Address of New Registered Agent 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. <b>Signature: Teresa W. Jackson</b> (NOTE: Registered Agent signature required when renewing) DATE	
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<b>FILE NOW!!! FEE IS \$138.75</b>	
<b>After May 1, 2008, Fee Will Be \$538.75</b>	
<b>Make Check Payable to Florida Department of State</b>	

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM JACKSON, TERESA W 7706 CITRUS BLOSSOM DRIVE LAND O LAKES FL 34637 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM JACKSON, JOHN A 7706 CITRUS BLOSSOM DRIVE LAND O LAKES FL 34637 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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 Section 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>Teresa W. Jackson</b> 4/7/08 8134048508 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	