

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000081655

Entity Name: JACKSON VENTURES, LLC

**FILED**  
**Apr 20, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

14452 BRUCE B DOWNS BLVD STE 319  
TAMPA, FL 33613

**New Principal Place of Business:**

7706 CITRUS BLOSSOM DRIVE  
LAND O' LAKES, FL 34637

**Current Mailing Address:**

POB 2780  
LAND O LAKES, FL 34639

**New Mailing Address:**

7706 CITRUS BLOSSOM DRIVE  
LAND O' LAKES, FL 34637

FEI Number: 26-0769679

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FLORIDA INCORPORATORS, INC.  
8875 HIDDEN RIVER PARKWAY, STE. 300  
TAMPA, FL 33637 US

**Name and Address of New Registered Agent:**

KNOX, MICHAEL A  
6023 S 2ND STREET  
TAMPA, FL 33611 US

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.

SIGNATURE: MICHAEL A KNOX

04/20/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: JACKSON, TERESA W  
Address: 7706 CITRUS BLOSSOM DRIVE  
City-St-Zip: LAND O LAKES, FL 34637

Title: MGRM  
Name: JACKSON, JOHN A  
Address: 7706 CITRUS BLOSSOM DRIVE  
City-St-Zip: LAND O LAKES, FL 34637

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: TERESA W JACKSON

MGRM

04/20/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date