

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000097868

FILED
Mar 23, 2009
Secretary of State

Entity Name: JACKSON FAMILY PARTNERS, LLC

Current Principal Place of Business:

11 SLOAN'S CURVE DRIVE
#11
PALM BEACH, FL 33480

New Principal Place of Business:

Current Mailing Address:

11 SLOAN'S CURVE DRIVE
#11
PALM BEACH, FL 33480

New Mailing Address:

FEI Number: 75-3258325

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GY CORPORATE SERVICES INC
777 SOUTH FLAGLER DRIVE STE 500 EAST
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SLATER, SAMUAL H
Address: 11 SLOAN'S CURVE DRIVE
City-St-Zip: PALM BEACH, FL 33480

Title: MGRM () Delete
Name: SLATER, JACQUELINE A
Address: 11 SLOAN'S CURVE DRIVE
City-St-Zip: PALM BEACH, FL 33480

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: SAMUEL H. SLATER

MR

03/23/2009

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