

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000105264

FILED
Aug 22, 2008
Secretary of State

Entity Name: JAKMAN'S LAND SURVEYING, LLC

Current Principal Place of Business:

3681 CHERRY LAUREL DRIVE
PENSACOLA, FL 32504 US

New Principal Place of Business:

Current Mailing Address:

3681 CHERRY LAUREL DRIVE
PENSACOLA, FL 32504 US

New Mailing Address:

FEI Number: 26-1249275 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

KENNEDY, JULIE
3681 CHERRY LAUREL DRIVE
PENSACOLA, FL 32504 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KENNEDY, JULIE
Address: 3681 CHERRY LAUREL DRIVE
City-St-Zip: PENSACOLA, FL 32504 US

Title: MGRM () Delete
Name: FREEMAN, GARY
Address: 3681 CHERRY LAUREL DRIVE
City-St-Zip: PENSACOLA, FL 32504 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: KENNEDY, JULIE A
Address: 3681 CHERRY LAUREL DRIVE
City-St-Zip: PENSACOLA, FL 32504 US

Title: MGRM (X) Change () Addition
Name: FREEMAN, GARY W
Address: 3681 CHERRY LAUREL DRIVE
City-St-Zip: PENSACOLA, FL 32504 US

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: GARY W FREEMAN

MGRM

08/22/2008

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