
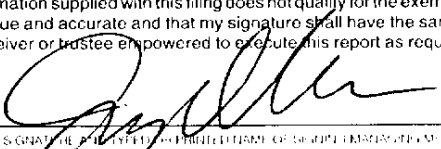


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 90 MAR -3 AM 9:03	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE					
1. Name and Mailing Address of Limited Liability Company JACO, L.C. P.O. BOX 1735 DESTIN FL 32540				DOCUMENT # L93000000388			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country				2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		1a. Principal Place of Business Address 4652 GULF STARR DR. DESTIN FL 32541	
3. Date Organized or Qualified 11/10/1993				3a. State of Formation FL			
4. FEI Number 59-3206233				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
5. Date of Last Report 03/06/1998				6. Certificate of Status Desired \$8.75 Additional Fee Required <input checked="" type="checkbox"/>			
7. Name and Address of Current Registered Agent PETERMANN, RICHARD P 25 WALTER MARTIN RD. FT. WALTON BEACH FL 32548				8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code			
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.							
SIGNATURE _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when changing)</small>				DATE _____			
10. Title	Managing Members/Managers		Business Street Address		City, State and Zip Code		
MAN	ODOM, JAY A		P.O. BOX 1735 N/A.		DESTIN FL		
MEM	ODOM, JAY A		P.O. BOX 1735 N/A.		DESTIN FL		
MEM	COHEN, CLIFF A		P.O. BOX 1735 N/A.		DESTIN FL		
400002795264--3 -03/05/99--01007--008 ****197.50 ****197.50							
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.							
SIGNATURE: 				2/22/99 800-661-4126			