


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # L93000000388 1. Entity Name JACO, L.C.	
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Principal Place of Business 4652 GULF STARR DR. DESTIN, FL 32541	Mailing Address P.O. BOX 1735 DESTIN, FL 32540
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DO NOT WRITE IN THIS SPACE



04222004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3206233	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**ODOM, JAY
4652 GULF STARR DRIVE
DESTIN, FL 32541**

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and fee if applicable

**Filing Fee is \$50.00
Due by May 1, 2004**

U000000145462
05/03/04-80026-006 111.25

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MAN ODOM, JAY A P.O. BOX 1735 N/A. DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM ODOM, JAY A P.O. BOX 1735 N/A. DESTIN, FL 32541
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/28/04 850-1654-4126
Date Daytime Phone #