

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 11, 2001 08:00 AM****Secretary of State****DOCUMENT # L98000001063****1. Entity Name**
JACKSON MARINE SOUTH, L.C.

Principal Place of Business	Mailing Address
% JACKSON MARINE CENTER 1915 SOUTHWEST 21ST AVENUE FT. LAUDERDALE FL 33312	% JACKSON MARINE CENTER 1915 SOUTHWEST 21ST AVENUE FT. LAUDERDALE FL 33312

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number	Applied For
52-1498228	<input type="checkbox"/> Not Applicable

5. Certificate of Status Desired	Additional Fee Required
<input type="checkbox"/>	\$5.00

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MIAMI CENTER REGISTERED AGENTS 201 SOUTH BISCAYNE BLVD., 17TH FLOOR MIAMI FL 33131 US	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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.

SIGNATURE	DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	01/11/2001

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS				10. ADDITIONS / CHANGES			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE	MGRM	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCGLYNN DONNA JACKSON F			NAME	MCGLYNN DONNA JACKSON		
STREET ADDRESS	1915 S.W. 21ST AVENUE			STREET ADDRESS	1915 S.W. 21ST AVENUE		
CITY-ST-ZIP	FT. LAUDERDALE FL 33312			CITY-ST-ZIP	FT. LAUDERDALE FL 33312		
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JACKSON WILLIAM F			NAME			
STREET ADDRESS	1915 S.W. 21ST AVENUE			STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL 33312			CITY-ST-ZIP			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JACKSON PATRICIA ANN			NAME			
STREET ADDRESS	1915 S.W. 21ST AVENUE			STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL 33312			CITY-ST-ZIP			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JACKSON WOODLAN T			NAME			
STREET ADDRESS	P.O. BOX 483			STREET ADDRESS			
CITY-ST-ZIP	NORTH EAST MD 21901			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

11. I 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 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:	DATE	Daytime Phone #
patricia a jackson	01/11/2001	

CR2E083 (11/00)