

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 23, 2008 08:00 AM
Secretary of State

DOCUMENT # M05000004238 1. Entity Name JACKSON LAND CO. LLC	
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Principal Place of Business 126 SOUTH SEVENTH STREET MIAMISBURG, OH 45342	Mailing Address 126 SOUTH SEVENTH STREET MIAMISBURG, OH 45342
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DO NOT WRITE IN THIS SPACE



01102008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-3332852	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent CROSKEY, THOMAS P 200 ESTERO BLVD. FT. MYERS, FL 33931
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**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 title if applicable.

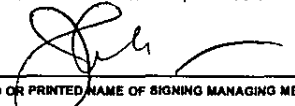
FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000792260
01/23/08-80108-018 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CROSKEY, THOMAS P 126 SOUTH SEVENTH STREET MIAMISBURG, OH 45342
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RUTHERFORD, JAMES M 1500 E. CENTRAL AVE. MIAMISBURG, OH 45342
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **1/08 (937) 866-2922**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #