2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000008367

1. Entity Name
J&S MANAGEMENT DISTRIBUTORS, LLC



FILED May 15, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

558 MATTERHORN ROAD JACKSONVILLE, FL 32216 558 MATTERHORN ROAD JACKSONVILLE, FL 32216



DO NOT WRITE IN THIS SPACE

05122008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 59-3719977

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KEASLER JR, FRANK R 4309 PABLO OAKS COURT, STE 5 JACKSONVILLE, FL 32224

SIGNATURE:

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.	Signature, typed or printed name of registered agent and	title if applicable.	(NOTE: Registered Ag	ent signature required when reinstating)	DATE
FILE NOWII! FEE IS \$138.75 In accordance with s. 607.193(2)(b), F.S., the limited Due by September 12, 2008 liability company did not receive the prior notice.					
9.	MANAGING MEMBER	S/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JONES, RICHARD A 558 MATTERHORN RD JACKSONVILLE, FL				U00000951285 06/04/08-80025-021 138.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SURBER, LARRY J 4280 PACKARD DR. JACKSONVILLE, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					·
11. I hereby certify that the information supptied 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.					

PICHARD A JONE

SIGNATURE AND TYPED OR PRINTEDMANE OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE