

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000087544

Entity Name: JCAM, LLC

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

C/O JEFFREY P. SHAPIRO
ONE S.E. 3RD AVENUE, SUITE 1450
MIAMI, FL 33131

New Principal Place of Business:

C/O JEFFREY P. SHAPIRO
19 WEST FLAGLER STREET, SUITE 602
MIAMI, FL 33130

Current Mailing Address:

C/O JEFFREY P. SHAPIRO
ONE S.E. 3RD AVENUE, SUITE 1450
MIAMI, FL 33131

New Mailing Address:

C/O JEFFREY P. SHAPIRO
19 WEST FLAGLER STREET, SUITE 602
MIAMI, FL 33130

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHAPIRO, JEFFREY P
C/O SHAPIRO RAMOS, A PROFESSIONAL ASSOC.
ONE S.E. 3RD AVENUE, SUITE 1450
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

SHAPIRO, JEFFREY P
C/O SHAPIRO RAMOS, A PROFESSIONAL ASSOC.
19 WEST FLAGLER STREET, SUITE 602
MIAMI, FL 33131 US

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: JEFFREY P. SHAPIRO

04/29/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SHAPIRO, JONATHAN
Address: 15240 LAUREL LANE NORTH
City-St-Zip: PEMBROKE PINES, FL 330271333

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JONATHAN SHAPIRO

MGRM

04/29/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date