

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90084 031 ****50.00

0058782

DOCUMENT # L00000008830



1. Entity Name
JARAM, L.L.C.

Principal Place of Business Mailing Address
201 KELSEY LANE **201 KELSEY LANE**
TAMPA FL 33619 **TAMPA FL 33619**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3659559** Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STANTON, W.J. P.A.
200 S. BISCAYNE BLVD., STE. 3410
MIAMI FL 33131

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **PMEM** Delete
 NAME **PINKERTON, PATTI Z**
 STREET ADDRESS **7660-1 PHILLIPS HWY.**
 CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE **President** Change Addition
 NAME **Mandt, AJ Marcum**
 STREET ADDRESS **201 Kelsey Lane**
 CITY-ST-ZIP **Tampa, FL 33619**

TITLE **MEM** Delete
 NAME **MANDT, AJ MARCUM**
 STREET ADDRESS **201 KELSEY LANE**
 CITY-ST-ZIP **TAMPA FL 33619**

TITLE **Director** Change Addition
 NAME **Mandt, AJ Marcum**
 STREET ADDRESS **201 Kelsey Lane**
 CITY-ST-ZIP **Tampa, FL 33619**

TITLE **MEM** Delete
 NAME **FORBES, JOHN**
 STREET ADDRESS **9104 CYPRESS GREEN DR.**
 CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE **Secretary** Change Addition
 NAME **Mandt, AJ Marcum**
 STREET ADDRESS **201 Kelsey Lane**
 CITY-ST-ZIP **Tampa, FL 33619**

TITLE Delete

TITLE Change Addition

TITLE Delete

TITLE Change Addition

TITLE Delete

TITLE Change Addition

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: SIGNATURE REQUIRED AJ MANDT 4-28-03 (813) 635-3325
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)