



**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # L00000014535 1. Entity Name JMS ENTERPRISES, L.L.C.	
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Principal Place of Business 732 PEAKE'S POINT DRIVE GULF BREEZE, FL 32561 US	Mailing Address 732 PEAKE'S POINT DRIVE GULF BREEZE, FL 32561 US
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01102007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 59-3692234	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**BOOKMAN, ALAN B
30 S SPRING ST
PENSACOLA, FL 32501**

**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 Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

U00000589021
01/17/07-80096-005 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SIMONI, JUSTINE M 732 PEAKE'S POINT DRIVE GULF BREEZE, FL 32561
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RUSHING, OLIVER F 732 PEAKE'S POINT DRIVE GULF BREEZE, FL 32561
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Oliver F. Rushing* **Oliver F. Rushing** 1/10/07 850-982-1309
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #