


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90224 021 ***138.75

DOCUMENT # L00000014535					
1. Entity Name JMS ENTERPRISES, L.L.C.					
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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3692234	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BOOKMAN, ALAN B 30 S SPRING ST PENSACOLA, FL 32501			Name <u>Oliver Frank Rushing, Jr.</u> Street Address (P.O. Box Number is Not Acceptable) <u>1234 Airport Road #121</u> City <u>Destin Florida FL</u> Zip Code <u>32541</u>		
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 <u>[Signature]</u> <u>O. Frank Rushing, Jr.</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>			DATE <u>4/2/08</u> <small>(NOTE: Registered Agent signature required when resigning)</small>		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SIMONI, JUSTINE M 732 PEAKE'S POINT DRIVE GULF BREEZE, FL 32561	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RUSHING, OLIVER F 732 PEAKE'S POINT DRIVE GULF BREEZE, FL 32561	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u>Justine Simoni</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <u>4/2/08</u> Daytime Phone # <u>850-934-2774</u>		