

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000009178

FILED
Apr 24, 2006
Secretary of State

Entity Name: JAM OF JACKSONVILLE, LLC

Current Principal Place of Business:

1350 AVE. OF THE AMERICAS
SUITE 1910
NEW YORK, NY 10019

New Principal Place of Business:

Current Mailing Address:

1350 AVE. OF THE AMERICAS
SUITE 1910
NEW YORK, NY 10019

New Mailing Address:

FEI Number: 58-2658334 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LANGLEY, MARCIA ESQ.
2255 GLADES ROAD
SUITE 419A
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MAEL, JOEL A
Address: 1350 AVE OF THE AMERICAS
City-St-Zip: NEW YORK, NY 10019

Title: MGRM () Delete
Name: MAEL, AYELET
Address: 90 WASHINGTON AVE
City-St-Zip: LAWRENCE, NY 11559

Title: MGRM () Delete
Name: MAEL, JONATHAN
Address: 90 WASHINGTON AVE
City-St-Zip: LAWRENCE, NY 11559

Title: MGRM () Delete
Name: MAEL, DANIELLA
Address: 90 WASHINGTON AVE
City-St-Zip: LAWRENCE, NY 11559

Title: MGRM () Delete
Name: MAEL, JORDANA
Address: 90 WASHINGTON AVE
City-St-Zip: LAWRENCE, NY 11559

ADDITIONS/CHANGES:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JOEL A. MAEL

MGRM

04/24/2006

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