2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 02, 2004 08:00 AM

	WINIOWE.			1 00 02,	
DOCUMENT # L01000019151 1. Entity Name JAMD ENTERPRISES, L.L.C.				Secr	etary of State
1285 SEMIN #113	ce of Business IOLA BLVD RY, FL 32707	Mailing Address 1285 SEMINOLA BLVD #113 CASSELBERRY, FL 32707		 	TOLINIE WIN SON OND SON IN 180
C	OO NOT WRITE	IN THIS SPA	CE	01132004 No Chg-LLC 4. FEI Number . 59-3752604 5. Certificate of Status Desired	CR2E083 (10/03) Applied For Not Applicable \$5.00 Additional Fee Required
	Name and Address of Current Re	gistered Agent		The second secon	The second secon
SUITE #11	., DILIP IINOLA BLVD		and the state of t	DO NOT WE	:
8. The above the obligat	named entity submits this statement for the tions of registered agent. Authorized Agent. Signature, typed or printed name of registered agent and	al	ed office or register	4	a. I am familiar with, and accept
9.	iling Fee is \$50.00 ue by May 1, 2004	Z/MANIAGEDS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PANCHAL, DILIP 4818 VICTORY DR. ORLANDO, FL 32808	ANCHAL, DILIP 318 VICTORY DR.		U00000030595 02/04/04-80115-012 50.00	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP					

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). Forida 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 it 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.

URE: July funched
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE SIGNATURE:

1-29-04 407-696-2900