2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000007955

Name:

Address:

City-St-Zip:

Entity Name: JAM ENTERPRISES, LLC

FILED Apr 26, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1822 SE 35TH LN. 1822 SE 35TH LN. OCALA, FL OCALA, FL 34471 **Current Mailing Address: New Mailing Address:** 1822 SE 35TH LN. OCALA, FL FEI Number: 04-3631616 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MCGRATH, JERALD 1822 SE 35TH LN. OCALA, FL 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/MEMBERS: ADDITIONS/CHANGES:** MGRM () Delete () Change () Addition MCGRATH, JERALD Name: Name: Address: 1822 SE 35TH LN. Address: City-St-Zip: OCALA, FL City-St-Zip: Title: Title: MGRM () Change (X) Addition () Delete Name: Name: KILCREASE, KELLY Address: Address: 1822 SE 35TH LANE City-St-Zip: City-St-Zip: OCALA, FL 34471 Title: () Delete Title: MGRM () Change (X) Addition MCGRATH, MICHAEL Name: Name: Address: Address: 1822 SE 35TH LANE City-St-Zip: City-St-Zip: OCALA, FL 34471 Title: () Delete Title: MGRM () Change (X) Addition SHUMAN, KRISTIN

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Name:

Address:

City-St-Zip:

1822 SE 35TH LANE

OCALA, FL 34471

SIGNATURE: JERALD MCGRATH **MGRM** 04/26/2004