2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000019589

1. Entity Name
JOMAR REAL INVESTMENTS, LLC

Principal Place of Business	Mailing Address
WILLIAM B. SHIRLEY 253 14TH STREET N.W. LARGO, FL 33770	253 14TH STREET N.W. LARGO, FL 33770

DO NOT WRITE IN THIS SPACE

04302007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
23-7023577	Not Applicable

5. Certificate of Status Desired ☐	$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

RAYMOND, J. PAUL
625 COURT STREET, SUITE 200
CLEARWATER, FL 33756

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

U00000750659
05/18/07-80072-005 250.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	SHIRLEY, WILLIAM B
STREET ADDRESS	253 14TH STREET N.W.
CITY-ST-ZIP	LARGO, FL 33770
TITLE	MGRM
NAME	SHIRLEY, JODY J
STREET ADDRESS	253 14TH STREET N.W.
CITY-ST-ZIP	LARGO, FL 33770
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____   4/30/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #