


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90176 003 ****61.25

DOCUMENT # L02000024269 1. Entity Name JAM, L.L.C.					
Principal Place of Business 1819 MAIN STREET, SUITE 610 SARASOTA, FL 34236			Mailing Address 1819 MAIN STREET, SUITE 610 SARASOTA, FL 34236		
2. Principal Place of Business 1241 Tree Bay Lane Suite, Apt. #, etc.		3. Mailing Address P O Box 40067 Suite, Apt. #, etc.			
City & State Sarasota, FL Zip 34242 Country USA		City & State Sarasota, FL Zip 34242 Country USA		4. FEI Number 54-2075012 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				02012005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent RAPPAPORT, MARTIN 1241 TREE BAY LANE SARASOTA, FL 34242			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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>Martin Rappaport</u> DATE <u>2/5/5</u> <small>Signature, typed or printed name of registered agent and type if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to: Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR RAPPAPORT, MARTIN 1819 MAIN ST., SUITE 610 SARASOTA, FL 34236		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify 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 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>Martin Rappaport</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <u>2/5/5</u> Daytime Phone # <u>941-3461731</u>		