



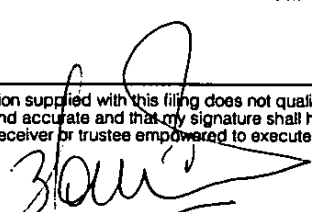
# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 17, 2005 8:00 am**  
**Secretary of State**

02-17-2005 90102 016 \*\*\*\*50.00

<b>DOCUMENT # L02000031700</b> 1. Entity Name <b>JMA SERVICE AND INVESTMENT, LLC</b>					
Principal Place of Business <b>3224 DANTE DRIVE</b> <b>103</b> <b>ORLANDO, FL 32835</b>			Mailing Address <b>3224 DANTE DRIVE</b> <b>APT #103</b> <b>ORLANDO, FL 32835</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		  01142005    Chg-LLC    CR2E083 (10/03)	
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>73-1666298</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>AREVALO, JUAN B</b> <b>3224 DANTE DRIVE</b> <b>APT. 103</b> <b>ORLANDO, FL 32835</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2005</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>AREVALO, JUAN</b> <b>3224 DANTE DRIVE #103</b> <b>ORLANDO, FL 32835</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>TOTORICA, AIDA M</b> <b>3224 DANTE DRIVE #103</b> <b>ORLANDO, FL 32835</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TOTORICA, IGNACIO</b> <b>3224 DANTE DRIVE #103</b> <b>ORLANDO, FL 32835</b>	<input type="checkbox"/> Delete			
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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:**     **1/14/05**    **321-303-9330**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE    Date    Daytime Phone #