


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 03, 2005 8:00 am**  
**Secretary of State**

02-03-2005 90113 037 \*\*\*\*55.00

DOCUMENT # L02000034735	
1. Entity Name JAMA4 LLC	

Principal Place of Business 9929 LAUREL VALLEY AVE. CIRCLE BRADENTON, FL 34202	Mailing Address 9929 LAUREL VALLEY AVE. CIRCLE BRADENTON, FL 34202 US
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DO NOT WRITE IN THIS SPACE



01172005No Chg-LLC CR2E083 (10/03)

4. FEI Number 20-0659615	Applied For 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**

GAIPO, BONNIE L  
 9929 LAUREL VALLEY AVE. CIRCLE  
 BRADENTON, FL 34202

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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 \_\_\_\_\_

**Filing Fee is \$50.00**  
**Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GAIPO, ROBERT 9929 LAUREL VALLEY AVE. CIRCLE BRADENTON, FL 34202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KOCHNO, DONNA M 9967 CHERRY HILLS AVE. CIRCLE BRADENTON, FL 34202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KOCHNO, TARAS V 9967 CHERRY HILLS AVE. CIRCLE BRADENTON, FL 34202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GAIPO, BONNIE L 9929 LAUREL VALLEY AVE. CIRCLE BRADENTON, FL 34202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Bonnie L Gaipo, Manager 1/20/05 941-358-3440

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