


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 31, 2008 08:00 A
Secretary of State

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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03282008No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0659615	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

U00000875641
04/11/08-80039-024 143.75

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	

**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: *Bonnie L Gaipo Mgr.* **3/26/08** ⁹⁴¹ **358-3440**

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