

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90077 003 ***138.75

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|---|--|---|---|------------------------------------|--|
| DOCUMENT # L03000014280 | | | | | |
| 1. Entity Name J F & M PARTNERS, LLC | | | | | |
| Principal Place of Business 1035 ESTERO BLVD. FORT MYERS BEACH, FL 33931 | | | Mailing Address C/O ROBERT D. ROYSTON, JR. P.O. DRAWER 60205 FORT MYERS, FL 33906 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. <i>do</i> | | | |
| City & State | | City & State <i>JOHN M. WICKER, P.A. P.O. DRAWER 60205 FORT MYERS, FL 33906</i> | | | |
| Zip | Country | Zip | Country | 4. FEI Number 43-2011216 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| ROYSTON, ROBERT D JR 12670 NEW BRITTANY BLVD., STE. 101 FORT MYERS, FL 33907 | | | Ne Str <i>JOHN M. WICKER, P.A.</i> 12670 NEW BRITTANY BLVD., STE 101 FORT MYERS, FL 33907 Cit 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 <i>[Signature]</i> <small>Signature, hand or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | DATE <i>2/11/08</i> | | |
| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM KIMBROUGH, JAMES L SR 1035 ESTERO BLVD. FORT MYERS BEACH, FL 33931 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM KIMBROUGH, MELISSA L 1035 ESTERO BLVD. FORT MYERS BEACH, FL 33931 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | | |
| 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: <i>James L Kimbrough</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | Date <i>2/3/08</i> Daytime Phone # <i>239-463-1989</i> | | |