2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 27, 2009
Secretary of State

DOCUMENT# L03000014280

Entity Name: J F & M PARTNERS, LLC

Current Principal Place of Business:

1035 ESTERO BLVD.
FORT MYERS BEACH, FL 33931

New Principal Place of Business:

Current Mailing Address:

C/O ROBERT D. ROYSTON, JR.
P.O. DRAWER 60205
FORT MYERS, FL 33906

New Mailing Address:

C/O JOHN M. WICKER, P.A.
P.O. DRAWER 60205
FORT MYERS, FL 33906

FEI Number: 43-2011216 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WICKER, JOHN M P.A.
12670 NEW BRITTANY BLVD., STE. 101
FORT MYERS, FL 33907 US

Name and Address of New Registered Agent:

WICKER, JOHN M
12670 NEW BRITTANY BLVD., STE. 101
FORT MYERS, FL 33907 US

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.

SIGNATURE: JOHN M. WICKER 01/27/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: KIMBROUGH, JAMES L SR
Address: 1035 ESTERO BLVD.
City-St-Zip: FORT MYERS BEACH, FL 33931

Title: MGRM ( ) Delete
Name: KIMBROUGH, MELISSA L
Address: 1035 ESTERO BLVD.
City-St-Zip: FORT MYERS BEACH, FL 33931

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JAMES L. KIMBROUGH SR. MGRM 01/27/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date