

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 31, 2005 8:00 am
Secretary of State

05-31-2005 90647 032 ****50.00

20059621



DOCUMENT # L03000026482 1. Entity Name JAM PROPERTY L.L.C.			
Principal Place of Business 2440 WEST 80TH STREET HIALEAH, FL 33016		Mailing Address 2440 WEST 80TH STREET HIALEAH, FL 33016	
2. Principal Place of Business 2646-48 W. 77 PLACE Suite, Apt. #, etc.		3. Mailing Address 2646-48 W. 77 PLACE Suite, Apt. #, etc.	
City & State HIALEAH, FL.		City & State HIALEAH, FL.	
Zip 33016	Country	Zip 33016	Country
4. FEI Number 56-2378995		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent STRATTON, DOUGLAS D 407 LINCOLN ROAD, SUITE 2A MIAMI BEACH, FL 33139		7. Name and Address of New Registered Agent Name MARTINEZ, JULIO A. Street Address (P.O. Box Number is Not Acceptable) 2646 WEST 77 PLACE City HIALEAH FL Zip Code 33139	
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 DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE	MGR	TITLE	
NAME	MARTINEZ, JULIO A <input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2646 WEST 77 PLACE	STREET ADDRESS	
CITY-ST-ZIP	HIALEAH, FL 33016	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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:		JULIO A. MARTINEZ, MGR.	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date 5/16/05	
Daytime Phone #		Daytime Phone #	