

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000028318

FILED  
Apr 21, 2005  
Secretary of State

Entity Name: J.A.M. INVESTMENTS, L.L.C.

**Current Principal Place of Business:**

561 RHINE AVENUE  
TAMPA, FL 33606

**New Principal Place of Business:**

**Current Mailing Address:**

561 RHINE AVENUE  
TAMPA, FL 33606

**New Mailing Address:**

FEI Number: 73-1676818

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MARRIOTT, THOMAS E  
561 RHINE AVENUE  
TAMPA, FL 33606 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: MARRIOTT, THOMAS E  
Address: 561 RHINE AVENUE  
City-St-Zip: TAMPA, FL 33606

Title: MGRM ( ) Delete  
Name: FALCON, ANTHONY  
Address: 1101 WEST CHARTER  
City-St-Zip: TAMPA, FL 33602

Title: MGRM ( ) Delete  
Name: ROGOZINSKI, JASON  
Address: 2502 RIDGEWOOD AVENUE  
City-St-Zip: TAMPA, FL 33602

**ADDITIONS/CHANGES:**

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

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 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 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: ANTHONY FALCON

MGRM

04/21/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date