

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90033 041 ****50.00

DOCUMENT # L03000040140					
1. Entity Name JSM HOLDINGS, LLC					
Principal Place of Business 19 LAKE SHORE DR KEY LARGO, FL 33037			Mailing Address PO BOX 1782 TAVERNIER, FL 33070		
2. Principal Place of Business		3. Mailing Address 19 Lakeshore Dr			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		Key Largo, FL			
Zip	Country	Zip	Country	05032006 Chg-LLC CR2E083 (11/05)	
33037		USA		4. FEI Number 20-0336921	
5. Certificate of Status Desired		<input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent LACKEY, MAUREEN M 32 OCEAN DR KEY LARGO, FL 33037			7. Name and Address of New Registered Agent Name: Singleton, John Street Address (P.O. Box Number is Not Acceptable): 19 Lakeshore Dr City: Key Largo FL Zip Code: 33037		
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: Singleton, John			DATE: 5-1-06		
Filing Fee is \$50.00 Due by September 8, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LACKEY, MAUREEN 32 OCEAN DRIVE KEY LARGO, FL 33037		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SINGLETON, JOHN 19 LAKESHORE DR. KEY LARGO, FL 33037		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SINGLETON, SUSAN 19 LAKESHORE DR. KEY LARGO, FL 33070		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Key Largo FL 33037	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: Susan Singleton			Date: 5/1/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone #: (305) 451-1241		