

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000040140

Entity Name: JSM HOLDINGS, LLC

FILED  
Mar 14, 2007  
Secretary of State

## Current Principal Place of Business:

19 LAKE SHORE DR  
KEY LARGO, FL 33037 US

## New Principal Place of Business:

## Current Mailing Address:

19 LAKESHORE DRIVE  
KEY LARGO, FL 33037 US

## New Mailing Address:

FEI Number: 20-0336921

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SINGLETON, JOHN  
19 LAKESHORE DRIVE  
KEY LARGO, FL 33037 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/MANAGERS:

Title: MGRM (X) Delete  
Name: LACKEY, MAUREEN  
Address: 32 OCEAN DRIVE  
City-St-Zip: KEY LARGO, FL 33037

Title: MGRM ( ) Delete  
Name: SINGLETON, JOHN  
Address: 19 LAKESHORE DR.  
City-St-Zip: KEY LARGO, FL 33037

Title: MGRM ( ) Delete  
Name: SINGLETON, SUSAN  
Address: 19 LAKESHORE DR.  
City-St-Zip: KEY LARGO, FL 33037

## 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 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: SUSAN SINGLETON

MGRM

03/14/2007

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