

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000049784

**FILED**  
**Apr 29, 2005**  
**Secretary of State**

**Entity Name:** JEMS, LLC

**Current Principal Place of Business:**

1061 MEDICAL CENTER DRIVE, SUITE 310  
ORANGE CITY, FL 32763

**New Principal Place of Business:**

2521 JUNIOR ST  
ORANGE CITY, FL 32763

**Current Mailing Address:**

1061 MEDICAL CENTER DRIVE, SUITE 310  
ORANGE CITY, FL 32763

**New Mailing Address:**

2521 JUNIOR ST  
ORANGE CITY, FL 32763

**FEI Number:** 20-0894430

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DESOUZA, MICHAEL P  
1061 MEDICAL CENTER DRIVE, SUITE 310  
ORANGE CITY, FL 32763 US

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

DESOUZA, MICHAEL P  
2521 JUNIOR ST  
ORANGE CITY, FL 32763 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: MICHAEL DESOUZA

04/29/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: DESOUZA, MICHAEL P  
Address: 1061 MEDICAL CENTER DRIVE, SUITE 310  
City-St-Zip: ORANGE CITY, FL 32763

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: DESOUZA, MICHAEL P  
Address: 2521 JUNIOR ST  
City-St-Zip: ORANGE CITY, FL 32763

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: MICHAEL DESOUZA

MGMR

04/29/2005

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