

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000051626

Entity Name: J&S MANAGEMENT, LLC

FILED
Jan 11, 2008
Secretary of State

Current Principal Place of Business:

15400 EMERALD COAST PKWY
SUITE 504
DESTIN, FL 32541

Current Mailing Address:

15400 EMERALD COAST PKWY
SUITE 504
DESTIN, FL 32541

New Principal Place of Business:

15400 EMERALD COAST PKWY
SUITE 504
DESTIN, FL 32541

New Mailing Address:

15400 EMERALD COAST PKWY
SUITE 504
DESTIN, FL 32541

FEI Number: 27-0072918

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LINDSAY, ALLEN W JR
5218 WILLING STREET
MILTON, FL 32570 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 () Delete
Name: LOCKLEAR, STEVE
Address: 15400 EMERALD COAST PKWY STE 504
City-St-Zip: DESTIN, FL 32541

Title: MGR () Delete
Name: LOCKLEAR, JEANNE
Address: 15400 EMERALD COAST PKWY STE 504
City-St-Zip: DESTIN, FL 32541

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LOCKLEAR, STEVE
Address: 15400 EMERALD COAST PKWY STE 504
City-St-Zip: DESTIN, FL 32541

Title: MGR (X) Change () Addition
Name: LOCKLEAR, JEANNE
Address: 15400 EMERALD COAST PKWY STE 504
City-St-Zip: DESTIN, FL 32541

I hereby certify that the information supplied with this filing does not qualify 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: STEVE LOCKLEAR

MGRM

01/11/2008

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