

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L04000003738

FILED
Apr 28, 2008
Secretary of State

Entity Name: J & M INVESTMENTS AND DEVELOPMENTS, LLC

Current Principal Place of Business:

1204 SUNCAST LANE
SUITE 2
EL DORADO HILLS, CA 95762 US

New Principal Place of Business:

Current Mailing Address:

1204 SUNCAST LANE
SUITE 2
EL DORADO HILLS, CA 95762 US

New Mailing Address:

FEI Number: 20-1185392 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

PALMA, ANTHONY
390 N. ORANGE AVE.
SUITE 1100
ORLANDO, FL 32801 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: MANGAN - DAMON, MICHELLE R MS.
Address: 11205 BRIDGE HOUSE ROAD
City-St-Zip: WINDERMERE, FL 34786 US

Title: MGRM () Delete
Name: DAMON, JOHNNY D MR.
Address: 11205 BRIDGE HOUSE ROAD
City-St-Zip: WINDERMERE, FL 34786 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MANGAN - DAMON, MICHELLE R MS.
Address: 1204 SUNCAST LN, STE 2
City-St-Zip: EL DORADO HILLS, CA 95762 US

Title: MGRM (X) Change () Addition
Name: DAMON, JOHNNY D MR.
Address: 1204 SUNCAST LN, STE 2
City-St-Zip: EL DORADO HILLS, CA 95762 US

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: JOHNNY D. DAMON

MGRM

04/28/2008

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