

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000010329

1. Entity Name  
JEM INSTALLS, LLC



Principal Place of Business  
6421 BARCLAY AVE  
BROOKSVILLE, FL 34609 US

Mailing Address  
P O BOX 178  
BROOKSVILLE, FL 34605 US

2. Principal Place of Business

same

3. Mailing Address

P O Box 180164

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
Tallahassee, FL

Zip

Country

Zip

Country

32318

León

02212006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
20-0943207

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MARTIN, LINDA  
~~6421 BARCLAY AVE~~  
~~BROOKSVILLE, FL 34609~~

7. Name and Address of New Registered Agent

Name  
Martin, Linda

Street Address (P.O. Box Number is Not Acceptable)  
1400 Metropolitan Blvd.

City  
Tallahassee,

FL

Zip Code  
32308

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

*[Signature]*

Linda Martin

3-27-06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00  
Due by May 1, 2006

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
MARTIN, JASON  
6421 BARCLAY AVE  
BROOKSVILLE, FL 34609 ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
MARTIN, LINDA B  
~~6421 BARCLAY AVE~~  
~~BROOKSVILLE, FL 34609~~ ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Martin, Linda B  
1400 Metropolitan Blvd  
Tallahassee, FL 32308 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
700070300947  
04/13/06--01016--006 \*\*\*50.00 ☐ Change ☐ Addition

TITLE  
NAME  
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TITLE  
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TITLE  
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STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

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☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ 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:

*[Signature]*

3-27-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Linda B Martin, Mgr Lmbr

Date

Daytime Phone #