

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000016925

Entity Name: J.A.M.A. L.L.C.

FILED  
Jan 31, 2007  
Secretary of State

**Current Principal Place of Business:**

8447 GLENEAGLE WAY  
NAPLES, FL 341201673

**New Principal Place of Business:**

**Current Mailing Address:**

8447 GLENEAGLE WAY  
NAPLES, FL 341201673

**New Mailing Address:**

FEI Number: 51-0512888

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MADURA, TERRANCE A  
8447 GLENEAGLE WAY  
NAPLES, FL 341201673 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: MGR ( ) Delete  
Name: MADURA, TERRANCE A EVP  
Address: 8447 GLENEAGLE WAY  
City-St-Zip: NAPLES, FL 341201673 US

Title: MGRM ( ) Delete  
Name: MADURA-CLARK, AUDRA T PRESIDE  
Address: 14837 FRIPP ISLAND CT  
City-St-Zip: NAPLES, FL 34119 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MADURA, TERRANCE A EVP  
Address: 8447 GLENEAGLE WAY  
City-St-Zip: NAPLES, FL 341201673 US

Title: MGR (X) Change ( ) Addition  
Name: MADURA-CLARK, AUDRA T PRESIDE  
Address: 14837 FRIPP ISLAND CT  
City-St-Zip: NAPLES, FL 34119 US

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: TERRANCE A. MADURA

MGRM

01/31/2007

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