


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 15, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000019888</b>	
1. Entity Name <b>J &amp; M HOLDINGS, LLC</b>	

Principal Place of Business <b>7105 PELICAN ISLAND DRIVE TAMPA, FL 33634</b>	Mailing Address <b>7105 PELICAN ISLAND DRIVE TAMPA, FL 33634</b>
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01312008 No Chg-LLC CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>HINES, JAMES P 315 S. HYDE PARK AVENUE TAMPA, FL 33606</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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  (NOTE: Registered Agent signature required when reinstating) 2/11/08 DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

U000000829117  
02/26/08-80027-009 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HIRSCHFELD, JOSEPH J 7105 PELICAN ISLAND DRIVE TAMPA, FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HIRSCHFELD, MARILYN C 7105 PELICAN ISLAND DRIVE TAMPA, FL 33634
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**DO NOT WRITE  
IN THIS SPACE**

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:  Joseph J. Hirschfeld 2/11/08 813-589-758  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #