

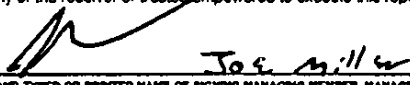


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000038738					
1. Entity Name JAMCO, LLC					
Principal Place of Business PO BOX 1402 BUNNELL, FL 32110			Mailing Address PO BOX 1402 BUNNELL, FL 32110		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number Applied For 01202006 Chg-LLC CR2E083 (11/05) <input checked="" type="checkbox"/> Not Applicable					
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MILLER, JOSEPH S PO BOX 1402 BUNNELL, FL 32110			Name Joseph S. Miller Street Address (P.O. Box Number is Not Acceptable) 601 S. State St. City Bunnell FL Zip Code 32210		
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  1-25-06 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering))</small> DATE					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MILLER, JOSEPH S		NAME		
STREET ADDRESS	PO BOX 1402		STREET ADDRESS		
CITY-ST-ZIP	BUNNELL, FL 32110		CITY-ST-ZIP	01/30/06--90059--035--\$50.00	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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:  1-25-06 340-437-2106 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> Date Daytime Phone #					

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

