2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000040617 1. Entity (Name , JBAM, L.L.C.

FILED Apr 10, 2007 08:00 AM Secretary of State

Principal Place of Business

8116 LONE TREE GLEN BRADENTON, FL 34202 Mailing Address

8116 LONE TREE GLEN BRADENTON, FL 34202



04032007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 57-1212932

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional **Fee Required**

6. Name and Address of Current Registered Agent

SHIFRIN, JORDAN I 8116 LONE TREE GLEN BRADENTON, FL 34202

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8.	I. 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.	l am familiar with, and	i accept
	the obligations of registered agent.		

SIGNATURE.

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

(NOTE: Registered Agent signature required when reinstating)

Fillng Fee is \$50.00 Due by May 1, 2007

_9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHIFRIN, JORDAN I 8116 LONE TREE GLEN BRADENTON, FL 34202
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11. I hereby certify that the information supplied with this filling 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.

**Toriginal Company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**Toriginal Company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP

Managing Member

04/03/07

847 537-0500

OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE