## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 07, 2008 08:00 A Secretary of State

ANNUAL REPURI				Apr 0/, 2000 00.0	
DOCUI 1. Entity Name JBAM, L.L		00040617			Secretary of St
Principal Place	e of Business	Mailing Address			
8116 LONE TREE GLEN 8116 LONE TREE GLEN					
BRADENTON, FL 34202 BRADENTON, FL 34202					
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				03282008 No Chg-LLC	CR2E083 (12/07)
ח	O NOT W	RITE IN THIS SPA	ACE	4 65111 - 6-1	Applied For
				4. FEI Number 57-1212932	Not Applicable
				5. Certificate of Status Desired	\$5.00 Additional
				5. Continuate of oration bosines	Fee Required
	6. Name and Address	of Current Registered Agent	<b>-</b> ∤ • • •		
SHIFRIN,	JORDAN I			DO NOT W	DITE
8116 LONI	E TREE GLEN			では1.8 (ま)25 (A. 1 - 1)35 (1 - 1)31 (2	rate in the State of the State
BRADENT	ON, FL 34202			IN THIS SP	ACE
			1 1 1 1 1 1 1 1 1		
8. The above the obligat	named entity submits this s ions of registered agent.	tatement for the purpose of changing its regis	stered office or register	red agent, or both, in the State of Fig	rida. I am familiar with, and accept
					{
SIGNATURE	Signature, typed or printed name of re	egistored agent and title if applicable. (NOTE, Regi	stered Agent signature required	d when reinstating)	DATE
	NOWILL FEE IS \$13 y 1, 2008 Fee will be			U00000 04/16/08-	882698 80051-017 138.75
9.	MANAGII	NG MEMBERS/MANAGERS	E 2162 1 12	**************************************	
TITLE	MGRM				
NAME	SHIFRIN, JORDAN I				
STREET ADDRESS CITY-ST-ZIP	8116 LONE TREE GLE BRADENTON, FL 342				
TITLE	BRADENTON, FL 342				
NAME					
STREET ADDRESS	ļ				
CITY-ST-ZIP					
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NAME STREET ADDRESS					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
CITY-ST-ZIP				DO NOT W	RITE
TITLE	<del> </del>			IN THIS SE	MOE
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FITLE					
NAME STREET ADDRESS					
CITY-ST-ZIP					
TITLE			The state of	<b>新疆南南部省南部省中</b>	
NAME	Į.			自己的证据,不是一个是一个。 1000年的	Fall with the best of the best

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 eath; 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.

Jordan I Shifrin

STREET ADDRESS CITY-ST-ZIP

SIGNATURE

Managing Member

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

03/28/08

Date

847 537-0500

Daytime Phone #