


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 12, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000042784</b> 1. Entity Name <b>J S &amp; M VENTURE, LLC</b>	
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Principal Place of Business <b>603 CRYSTAL GROVE BLVD LUTZ, FL 33548 US</b>	Mailing Address <b>603 CRYSTAL GROVE BLVD LUTZ, FL 33548 US</b>
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**DO NOT WRITE IN THIS SPACE**



02072007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number <b>75-3157741</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**MATTA, JOSEPH  
603 CRYSTAL GROVE BLVD  
LUTZ, FL 33548**

**DO NOT WRITE  
IN THIS SPACE**

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) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MATTA, JOSEPH 603 CRYSTAL GROVE BLVD LUTZ, FL 33548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MATTA, SYLVIA H 603 CRYSTAL GROVE BLVD LUTZ, FL 33548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MATTA, LINDA M 603 CRYSTAL GROVE BLVD LUTZ, FL 33548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MATTA, MARK J 603 CRYSTAL GROVE BLVD LUTZ, FL 33548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/21/07-80085-022 55.00

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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 Matta

2-7-07

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

Date

Daytime Phone #