

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000051858

1. Entity Name
JAMAR, LLC



Principal Place of Business
12220 TOSCANA WAY, #201
BONITA SPRINGS, FL 34135

Mailing Address
3333 SOUTH PENNSYLVANIA AVENUE
LANSING, MI 48910



01312006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1399253

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

JANKOWSKI, RICHARD L
12220 TOSCANA WAY, #201
BONITA SPRINGS, FL 34135

**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

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

(NOTE: Registered Agent signature required when reinstating)

Richard L. Jankowski

4/16/06

000000524464

05/03/06-80115-006 50.00

Filing Fee is \$50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
JANKOWSKI, RICHARD
12220 TOSCANA WAY, #201
BONITA SPRINGS, FL 34135

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
JANKOWSKI, JANET
12220 TOSCANA WAY, #201
BONITA SPRINGS, FL 34135

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
NOVELLO, MICHAEL
3977 SHOALS DRIVE
OKEMOS, MI 48864

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
NOVELLO, MARY
3977 SHOALS DRIVE
OKEMOS, MI 48864

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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

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

Date

Signature Phone #

Richard L. Jankowski

4/16/06 517-349-785