



**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 09, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000051858</b> 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
--	--

**DO NOT WRITE IN THIS SPACE**



01252007No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1399253	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

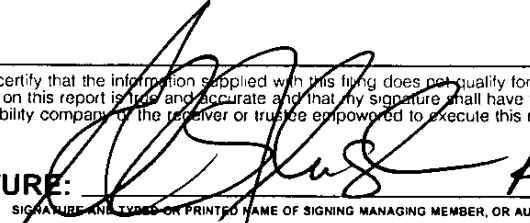
9. MANAGING MEMBERS/MANAGERS

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	

U000000660735  
03/20/07-80012-015 50.00

**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:  RICHARD L. JANKOWSKI 3/4/07 517-349-7958

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #