

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000087032

Entity Name: JMCS INVESTMENTS, LLC

FILED
May 17, 2005
Secretary of State

Current Principal Place of Business:

2441 N. PINE AVENUE
OCALA, FL 34475 US

New Principal Place of Business:

Current Mailing Address:

2441 N. PINE AVENUE
OCALA, FL 34475 US

New Mailing Address:

FEI Number: 65-1238724 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MEEKS, JAMES L
2441 N. PINE AVENUE
OCALA, FL 34475 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: MEEKS, JAMES L
Address: 2441 N PINE AVENUE
City-St-Zip: Ocala, FL 34475 US

Title: MGR () Delete
Name: STRANIGAN, CRAIG
Address: 1100 SW ST. LUCIE WEST BLVD., STE 209
City-St-Zip: POST ST. LUCIE, FL 34986 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Change (X) Addition
Name: FRANK, BRITT
Address: 1874 SE VAN KLEFF AVE
City-St-Zip: PORT ST LUCIE, FL 34952 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JAMES MEEKS

MGRM

05/17/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date