

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000003894

FILED
Jul 02, 2008
Secretary of State

Entity Name: JMS AND LMP HOLDINGS, LLC

Current Principal Place of Business:

601 UNIVERSITY BLVD
JUPITER, FL 33458

New Principal Place of Business:

601 UNIVERSITY BLVD
102
JUPITER, FL 33458

Current Mailing Address:

601 UNIVERSITY BLVD
102
JUPITER, FL 33458

New Mailing Address:

FEI Number: 43-2076532 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:

STAFFORD, J. MARK
18171 SE ISLAND DR
TEQUESTA, FL 33469 US

Name and Address of New Registered Agent:

STAFFORD, J. MARK
9216 SE RIVER DR
TEQUESTA, FL 33469 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:

07/02/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: STAFFORD HOLDINGS LL, C
Address: 18171 SE ISLAND DR
City-St-Zip: TEQUESTA, FL 33469

Title: MGRM () Delete
Name: PAO HOLDINGS LLC,
Address: 474 TEQUESTA DR
City-St-Zip: TEQUESTA, FL 33469

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: STAFFORD HOLDINGS LL, C
Address: 9216 SE RIVER DR
City-St-Zip: TEQUESTA, FL 33469

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: J MARK STAFFORD

MGRM

07/02/2008

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