2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# L05000012880

Entity Name: J-MAR, LLC

Current Principal Place of Business:

8810 TWIN LAKES BLVD
TAMPA, FL 33614

New Principal Place of Business:

Current Mailing Address:

8810 TWIN LAKES BLVD
TAMPA, FL 33614

New Mailing Address:

FEI Number: 81-0667142 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FOWLER WHITE BOGGS BANKERS, P.A.
501 EAST KENNEDY BLVD
SUITE 1700
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

FOWLER WHITE , P.A. ATTN: HUNTER BROWNLEE
501 EAST KENNEDY BLVD
SUITE 1700
TAMPA, FL 33602 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: HUNTER BROWNLEE 03/20/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: MURRAY, RAYMOND E
Address: #5 BRAIESIDE PL
City-St-Zip: CLEARWATER, FL 33759

Title: MGRM ( ) Delete
Name: JOHNSTON, ROBERT P
Address: 11003 CARROLLWOOD DR
City-St-Zip: TAMPA, FL 33618

Title: MGRM ( ) Delete
Name: ROBERTS, STEVE
Address: 12701 LAMBRO PL.
City-St-Zip: TAMPA, FL 33624

ADDITIONS/CHANGES:

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

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

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: ROBERT JOHNSTON MGRM 03/20/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date