



**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 31, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000013824</b> 1. Entity Name JLMS, LLC		
Principal Place of Business 1705 CATTLEMEN RD. UNIT N 6 SARASOTA, FL 34232		Mailing Address 1705 CATTLEMEN RD. UNIT N 6 SARASOTA, FL 34232
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  WILSON, MICHAEL J 200 SOUTH ORANGE AVENUE SARASOTA, FL 34236		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
DATE _____		
Filing Fee is \$50.00 Due by September 14, 2007		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MR LATINO, JOHN MGR 3730 PIN OAK SARASOTA, FL 34232	 07272007No Chg-LLC CR2E083 (11/05) 4. FEI Number 20-4285907 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required U000000770850 07/31/07-80003-017 50.00 <b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MR JOHNSON, MICHAEL T MGR 5185 FAR OAK CIRCLE SARASOTA, FL 34238	
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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: <i>Michael T Johnson</i> <i>Michael T Johnson</i>		7/27/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date
		Daytime Phone #

941 284 8722