
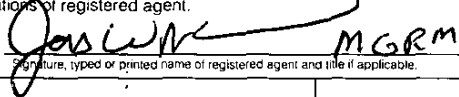



# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 22, 2007 8:00 am**  
**Secretary of State**

01-22-2007 90150 048 \*\*\*\*50.00

<b>DOCUMENT # L05000016004</b> 1. Entity Name <b>JSMC ENTERPRISES LLC</b>					
Principal Place of Business <b>14333 BEACH BLVD SUITE 7 JACKSONVILLE BEACH, FL 32250</b>			Mailing Address <b>12551 REGINALD DR JACKSONVILLE, FL 32246</b>		
2. Principal Place of Business - No P.O. Box # <b>14333 BEACH BLVD</b>		3. Mailing Address Suite, Apt. #, etc. <b>SUITE 7</b>			
City & State <b>JACKSONVILLE FL</b>		City & State <b>JACKSONVILLE FL</b>		4. FEI Number <b>26-0106774</b>	
Zip <b>32250</b>		Country <b>DUVAV</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>OUREDNIK, KAREL IV, ESQ OUREDNIK LAW OFFICES, P.A. 4925 BEACH BLVD JACKSONVILLE, FL 32207</b>				7. Name and Address of New Registered Agent Name <b>JAMES W. MCCANN</b> Street Address (P.O. Box Number is Not Acceptable) <b>12551 REGINALD DR</b> City <b>JACKSONVILLE FL</b> Zip Code <b>32246</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  <b>MGRM</b> DATE <b>1-19-07</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MCCANN, JAMES W 12551 REGINALD DR JACKSONVILLE, FL 32246</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  <b>MGRM</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				DATE: <b>1-19-07</b> DAYTIME PHONE: <b>904.374.6314</b>	