

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000023149

Entity Name: J & M FOODS, LLC

FILED
Mar 23, 2006
Secretary of State

Current Principal Place of Business:

25232 US HWY 19
OLD TOWN, FL 32680

New Principal Place of Business:

16340 US HWY 19
CROSS CITY, FL 32628

Current Mailing Address:

25232 US HWY 19
OLD TOWN, FL 32680

New Mailing Address:

PO BOX 2387
CROSS CITY, FL 32628

FEI Number: 25-1911966

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRIGHT, JANET
25232 US HWY 19
OLD TOWN, FL 32680 US

Name and Address of New Registered Agent:

BRIGHT, JANET
16340 SE HWY 19
CROSS CITY, FL 32628 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:

03/23/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BRIGHT, JANET
Address: 25232 US HWY 19/PO BOX 444
City-St-Zip: OLD TOWN, FL 32680

Title: MGRM () Delete
Name: BRIGHT, MICHAEL
Address: 25232 US HWY 19/PO BOX 444
City-St-Zip: OLD TOWN, FL 32680

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BRIGHT, JANET
Address: 16340 SE HWY 19/PO BOX 2387
City-St-Zip: CROSS CITY, FL 32628

Title: MGRM (X) Change () Addition
Name: BRIGHT, MICHAEL
Address: 16340 SE HWY 19/PO BOX 2387
City-St-Zip: CROSS CITY, FL 32628

I hereby certify that the information supplied with this filing does not qualify for the 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: JANET BRIGHT

MGRM

03/23/2006

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