

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 15, 2007 8:00 am**  
**Secretary of State**

03-15-2007 90131 024 \*\*\*\*50.00

**DOCUMENT # L05000056666**

1. Entity Name  
**JAMATT PROPERTIES LLC**



Principal Place of Business  
**707 SOUTH WASHINGTON BLVD.  
SARASOTA, FL 34236**

Mailing Address  
**707 SOUTH WASHINGTON BLVD.  
SARASOTA, FL 34236**

**60024027**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

**50 Central Ave. Suite 900  
Sarasota, FL 34236**

**50 Central Ave. Suite 900  
Sarasota, FL 34236**

02202007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**65-0282125**

Applied For  
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TOSCH, JOHN E  
707 SOUTH WASHINGTON BLVD.  
SARASOTA, FL 34236**

Name  
**50 Central Ave. Suite 900** Acceptable)  
**Sarasota, FL 34236**

City **FL** Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME **MGRM** ☐ Delete  
STREET ADDRESS **BUCHANAN, JERNON G**  
CITY-ST-ZIP **707S WASHINGTON BLVD  
SARASOTA, FL 34236**

TITLE  
NAME **VPS** ☐ Delete  
STREET ADDRESS **TOSCH, JOHN**  
CITY-ST-ZIP **707 S WASHINGTON BLVD  
SARASOTA, FL 34236**

TITLE  
NAME **T** ☐ Delete  
STREET ADDRESS **HITEMAN, STEVE**  
CITY-ST-ZIP **707 S WASHINGTON BLVD  
SARASOTA, FL 34236**

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE  
NAME **Vernon Buchanan** ☐ Change ☐ Addition  
STREET ADDRESS **50 Central Ave. Suite 900**  
CITY-ST-ZIP **Sarasota, FL 34236**

TITLE  
NAME **50 Central Ave. Suite 900** ☐ Change ☐ Addition  
STREET ADDRESS **Sarasota, FL 34236**  
CITY-ST-ZIP

TITLE  
NAME **50 Central Ave. Suite 900** ☐ Change ☐ Addition  
STREET ADDRESS **Sarasota, FL 34236**  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #