

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000057203

FILED
Apr 04, 2009
Secretary of State

Entity Name: JAM PROPERTIES GROUP, LLC

Current Principal Place of Business:

437 STOBE AVE
STATEN ISLAND, NY 10306 US

New Principal Place of Business:

Current Mailing Address:

8701 SHORE ROAD
APT. 332
BROOKLYN, NY 11209 US

New Mailing Address:

FEI Number: 20-2994054 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STURGES, ERNEST
701 JC CENTER COURT
SUITE 3
PORT CHARLOTTE, FL 33954 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MICCIOLO, JOHN A
Address: 8701 SHORE ROAD, APT. 332
City-St-Zip: BROOKLYN, NY 11209 US

Title: MGRM () Delete
Name: MOHAMAD, JOSEPH
Address: 437 STOBE AVE
City-St-Zip: STATEN ISLAND, NY 10306 US

Title: MGRM () Delete
Name: FIRESTONE, SCOTT
Address: 7901 REFLECTION COVE DRIVE #101
City-St-Zip: FORT MYERS, FL 33907

ADDITIONS/CHANGES:

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

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

Title: MGRM (X) Change () Addition
Name: FIRESTONE, SCOTT
Address: 44 MILLENNIUM LOOP
City-St-Zip: STATEN ISLAND, NY 10309

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: JOHN MICCIOLO

MGRM

04/04/2009

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