
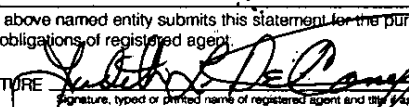
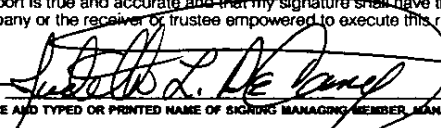


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90025 049 ****55.00

DOCUMENT # L05000060029 1. Entity Name J & M HOME ENTERPRISES, LLC			
Principal Place of Business 2700 NEBRASKA AVE APT 2-204 PALM HARBOR, FL 34684 US		Mailing Address 2700 NEBRASKA AVE APT 2-204 PALM HARBOR, FL 34684 US	
2. Principal Place of Business 811 CAROLINA AVE Suite, Apt. #, etc.		3. Mailing Address 811 CAROLINA AVE Suite, Apt. #, etc.	
City & State TARPON SPRINGS, FL Zip 34689-2617 Country USA		City & State TARPON SPRINGS, FL Zip 34689-2617 Country USA	
4. FEI Number 20-3003412		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		04212006 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent DECAMP, JUDITH L 2700 NEBRASKA AVE APT 2-204 PALM HARBOR, FL 34684		7. Name and Address of New Registered Agent Name DE CAMP, Judith L Street Address (P.O. Box Number is Not Acceptable) 811 CAROLINA AVE City TARPON SPRINGS FL Zip Code 34689-2617	
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  DATE 4-21-2006 <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DECAMP, JUDITH L 2700 NEBRASKA AVE APT 2-204 PALM HARBOR, FL 34684 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DE CAMP, Judith L 811 CAROLINA AVE TARPON SPRINGS, FL 34689-2617 <input checked="" 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
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
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  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date 4-21-2006 (727) 789-8959 <small>Daytime Phone #</small>	