2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2007
Secretary of State

DOCUMENT# L05000063971

Entity Name: J.A.M. LOGISTICS, LLC

Current Principal Place of Business:

1731 SILVER ST.
JACKSONVILLE, FL 32206 US

New Principal Place of Business:

Current Mailing Address:

1731 SILVER ST.
JACKSONVILLE, FL 32206 US

New Mailing Address:

FEI Number: 20-3039320 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARCHY, MACKENZIE
1731 SILVER ST.
JACKSONVILLE, FL 32206 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:	MGR	( ) Delete
Name:	MARCHY, MACKENZIE	
Address:	1731 SILVER ST.	
City-St-Zip:	JACKSONVILLE, FL 32206	
Title:	MGRM	( ) Delete
Name:	MEHLHOFF, JEFFREY	
Address:	2319 OCEANFOREST DR. W.	
City-St-Zip:	ATLANTIC BEACH, FL 32233	
Title:	MGRM	( ) Delete
Name:	MEHLHOFF, AMANDA	
Address:	2153 WEST SCHILLER, APT 2R	
City-St-Zip:	CHICAGO, IL 60622 US	

ADDITIONS/CHANGES:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	MGRM	(X) Change ( ) Addition
Name:	MEHLHOFF, AMANDA	
Address:	1720 N HONORE 2	
City-St-Zip:	CHICAGO, IL 60622 US	

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: MACKENZIE MARCHY MGR 04/29/2007

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