2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000073049

1. Entity Name
JAM PROPERTY HOLDINGS, LLC

Principal Place of Business	Mailing Address
2318 HOMEWOOD DRIVE ORLANDO, FL 32809 US	2318 HOMEWOOD DRIVE ORLANDO, FL 32809 US

DO NOT WRITE IN THIS SPACE

07152007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
47-0959424	Not Applicable

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

6. **Name and Address of Current Registered Agent**

COHEN, DAVID S ESQUIRE
5728 MAJOR BLVD.
SUITE 550
ORLANDO, FL 32819

DO NOT WRITE IN THIS SPACE

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 reinstating)   DATE

Filing Fee is $50.00
Due by September 14, 2007

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MALAGIAN, JENNIFER
STREET ADDRESS	2318 HOMEWOOD DRIVE
CITY-ST-ZIP	ORLANDO, FL 32809

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000769365
07/18/07-80003-007 50.00

DO NOT WRITE IN THIS SPACE

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: _Jennifer Malagian_   7/12/07   407. 487-4527

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #