2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000085967

Entity Name: JERMAX INVESTMENTS LLC

Current Principal Place of Business:	**New Principal Place of Business:**
4818 W COMMERCIAL BLVD TAMARAC, FL 33319	6051 W COMMERCIAL BLVD TAMARAC, FL 33319

Current Mailing Address:	**New Mailing Address:**
4818 W COMMERCIAL BLVD TAMARAC, FL 33319	6051 W COMMERCIAL BLVD TAMARAC, FL 33319

FEI Number: 20-3387807   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
PEDRO, NEVILLE 4818 W COMMERCIAL BLVD TAMARAC, FL 33319 US	PEDRO, NEVILLE 6051 W COMMERCIAL BLVD TAMARAC, FL 33319 US

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: NEVILLE PEDRO   04/24/2008
_____
                Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS: **ADDITIONS/CHANGES:**

Title: MGRM ( ) Delete Name: PEDRO, NEVILLE Address: 4818 W COMMERCIAL BLVD City-St-Zip: TAMARAC, FL 33319	Title: MGRM (X) Change ( ) Addition Name: PEDRO, NEVILLE Address: 6051 W COMMERCIAL BLVD City-St-Zip: TAMARAC, FL 33319
Title: D ( ) Delete Name: PEDRO, DARNELL Address: 4818 W COMMERCIAL BLVD City-St-Zip: TAMARAC, FL 33319	Title: D (X) Change ( ) Addition Name: PEDRO, DARNELL Address: 6051 W COMMERCIAL BLVD City-St-Zip: TAMARAC, FL 33319

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: NEVILLE PEDRO   MGRM   04/24/2008
_____
      Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date