

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 29, 2007 8:00 am
Secretary of State

05-29-2007 90286 026 ****50.00

DOCUMENT # L05000092282

1. Entity Name
JAMT, LLC



Principal Place of Business
**17037 SE 76TH CREEKSIDE CIRCLE
THE VILLAGES, FL 32162**

Mailing Address
**17037 SE 76TH CREEKSIDE CIRCLE
THE VILLAGES, FL 32162**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05222007 Chg-LLC CR2E083 (12/06)

4. FFI Number
13-4307517

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CAUTHEN, DAVID E
131 WEST MAIN STREET
TAVARES, FL 32778**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	BUXTON, MARILYN	
STREET ADDRESS	17037 SE 76TH CREEKSIDE CIRCLE	
CITY-ST-ZIP	THE VILLAGES, FL 32162	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	MERRELL, J. CHRISTIAN	
STREET ADDRESS	40023 AGUSTA	
CITY-ST-ZIP	LADY LAKE, FL 32159	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	MERRELL, TAMMY D	
STREET ADDRESS	40023 AGUSTA	
CITY-ST-ZIP	LADY LAKE, FL 32159	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	PERKINS, JOHN	
STREET ADDRESS	17041 SE 76TH CREEKSIDE CIRCLE	
CITY-ST-ZIP	THE VILLAGES, FL 32159	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	DORSETT, TERESA	
STREET ADDRESS	17041 SE 76TH CREEKSIDE CIRCLE	
CITY-ST-ZIP	THE VILLAGES, FL 32162	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	BAUGH, ARTHUR	
STREET ADDRESS	42 HEMLOCK DRIVE	
CITY-ST-ZIP	OCALA, FL 34472	

10. ADDITIONS / CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Marilyn Buxton* Marilyn Buxton 5/23/07 352-406-2019
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #