2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DOCUMENT # L05000097763

1. Entity Name JAMIN LLC

FILED Jan 22, 2007 8:00 am Secretary of State 01-22-2007 90146 009 ****50.00

						′				
Principal Place of Business 1100 POINT OF ROCKS ROAD SARASOTA, FL 34242			Mailing Address 1100 POINT OF ROCKS ROAD SARASOTA, FL 34242			60004368				
2. Principal Place of Business - No P.O. Box #			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01182007	Chg-LLC	CR2E	(12/06)	
City & State			City & State	City & State		4. FEI Numb			<u> </u>	pplied For
Zip Country		Zip	Zip Count			- <u>357944</u>		\$5.00 Add	ot Applicable ditional	
							e of Status Desired		Fee Require	
	6. Name	and Address of Curren	t Registered Agent		Name	7. Name an	d Address of New R	egistered	Agent	
FLOOD, DONALD 1100 POINT OF ROCKS ROAD				Street Ar		ess (P.O. Box Number is Not Acceptable)				
SARASOT	A, FL 342	242								
			City		City		,	FI	L Zip Cod	le
8. The above the obligat	named entity ions of regist	y submits this statement ered agent.	or the purpose of changing i	ts register	ed office or regist	tered agent, or be	oth, in the State of Flo	orida. I am	n familiar with,	and accept
SIGNATURE .	Signature broad	or printed name of registered ager	N and little if annicable INC	TF Registers	ed Agent signature requi	rad when renelation)		DATE		
			, and the mapped and	The state of the s		rea when remaining)				
Filing Fee is \$50.00 Due by May 1, 2007									payable to nent of Stat	e
9.		MANAGING MEMB	ERS/MANAGERS	10.			ADDITIONS/	CHANGE	S	
TITLE	MGR		Delete	IIIL					☐ Change	Addition
NAME STREET ADDRESS	FLOOD, E 1100 POII	JONALD NT OF ROCKS ROAD	NAME STREET ADDRESS		I .					
CITY-ST-ZIP		TA, FL 34242	CITY-ST-ZIP							
TITLE		•	☐ Delete	TITL	E				☐ Change	Addition
NAME		?		NAM	-					
STREET ADORESS CITY-ST-ZIP					EET ADDRESS '-ST-ZIP					
TITLE			☐ Delete	TITL	E		 -		☐ Change	Addition
NAME				NAM	16				_ · · · •	—
STREET ADDRESS CITY-ST-ZIP					EET ADDRESS '-ST-ZIP					
TITLE			☐ Delete	TITL					☐ Change	☐ Addition
NAME			Delete	NAM	- 1				Onenge	LJ Awaioi
STREET ADDRESS					EET ADDRESS					
CITY-ST-ZIP				_	' ST-ZIP					
TITLE NAME			☐ Delete	TITL	l l				☐ Change	☐ Addition
STREET ADORESS					EET ADDRESS					
CITY-ST-ZIP				CITY	'-ST-ZIP					
TITLE			☐ Delete	1070	I				☐ Change	Addition
NAME STREET ADDRESS				NAM STRE	EET ADDRESS					
CITY-ST-ZIP					-ST-ZIP					
11. I hereby o	certify that the	e information supplied wit	th this filing does not qualify f	or the exe	emptions containe	nd in Chapter 119	, Florida Statutes. I fu	urther certi	fy that the info	rmation
indicated limited lia	on this repor bility compar	t is true and accurate and ny or the receiver or trust	d that my signature shall have see emp (wered to execu)e thi	e the sam s report a:	e legal effect as if s required by Cha	l made under oat apter 608, Florida	h; that I am a <mark>mana</mark> g Statutes.	jing memb	er or manage	er of the

Jan 18, 2007

Daytime Phone #