2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2007
Secretary of State

DOCUMENT# L05000098873

Entity Name: LJAM, LLC

Current Principal Place of Business:

1502 S.W. 2ND PLACE
POMPANO BEACH, FL 33069

New Principal Place of Business:

Current Mailing Address:

1502 S.W. 2ND PLACE
POMPANO BEACH, FL 33069

New Mailing Address:

FEI Number: 20-3641601 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

NINOS, CHRISTOPHER M CPA
1600 SOUTH DIXIE HIGHWAY
SUITE #503
BOCA RATON, FL 334327454 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:	MGRM	( ) Delete
Name:	MCKEE, MILES	
Address:	3220 JASMINE COURT	
City-St-Zip:	DELRAY BEACH, FL 33483 US	
Title:	MGRM	( ) Delete
Name:	MCKEE, ELIZABETH	
Address:	3220 JASMINE COURT	
City-St-Zip:	DELRAY BEACH, FL 33483 US	
Title:	MGRM	( ) Delete
Name:	MCKEE, JEFF	
Address:	3220 JASMINE COURT	
City-St-Zip:	DELRAY BEACH, FL 33483 US	
Title:	MGRM	( ) Delete
Name:	MCKEE, AUSTIN	
Address:	3220 JASMINE COURT	
City-St-Zip:	DELRAY BEACH, FL 33483 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: CHRISTOPHER M. NINOS C.P.A. RA 05/01/2007

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