


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L06000015709			
1. Entity Name JACKSONVILLE JAM, LLC			
Principal Place of Business 1210 JOURNEYS END LANE JACKSONVILLE FL 32223		Mailing Address 1210 JOURNEYS END LANE JACKSONVILLE FL 32223	
2. Principal Place of Business - No P.O. Box # 1111-76 San Jose Blvd		3. Mailing Address	
Suite, Apt. #, etc. #188		Suite, Apt. #, etc. same	
City & State JACKSONVILLE, FL		City & State same	
Zip 32223	Country Duval	Zip	Country

FILED
08 SEP 23 PM 9:47

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



2nd MOORE CR2E083 (4/08)

4. FEI Number 20-4547871		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent KRUPCZYNSKI, FELIX W 1210 JOURNEYS END LANE JACKSONVILLE FL 32223		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		Zip Code	


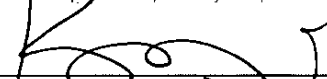
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$538.75		S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the limited liability company certifies it did not receive prior notice. Fee to file is \$138.75 <input checked="" type="checkbox"/>	
Make Check Payable to Florida Department of State			
Due By September 3, 2008			

9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE	MGRM	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	KRUPCZYNSKI, FELIX W			NAME	Norma Jean May		
STREET ADDRESS	1210 JOURNEYS END LANE			STREET ADDRESS	2941 Bridlewood Lane		
CITY-ST-ZIP	JACKSONVILLE FL 32223			CITY-ST-ZIP	JACKSONVILLE, FL 32257		
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KRUPCZYNSKI, ANNE			NAME			
STREET ADDRESS	1210 JOURNEYS END LANE			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32223			CITY-ST-ZIP			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Norma Jean May			NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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:   **5-20-08** **806-5708**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #