


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90336 043 ***138.75

DOCUMENT # L06000022167 1. Entity Name JACM, LLC					
Principal Place of Business 6150 DIAMOND CENTRE COURT, BLDG. 1300 FT. MYERS, FL 33912			Mailing Address 6150 DIAMOND CENTRE COURT, BLDG. 1300 FT. MYERS, FL 33912		
2. Principal Place of Business - No P.O. Box # 4571 Colonial Blvd.		3. Mailing Address 4571 Colonial Blvd.			
Suite, Apt. #, etc. Suite #102		Suite, Apt. #, etc. Suite #102			
City & State Fort Myers FL		City & State Fort Myers FL		4. FEI Number 20-4445496	
Zip 33966		Country Lee		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ALLISON, JANET E 6150 DIAMOND CENTRE COURT, BLDG. 1300 FT. MYERS, FL 33912				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4571 Colonial Blvd. Suite #102 City Fort Myers FL Zip Code 33966	
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 \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MOORE, JAMES A 6150 DIAMOND CENTRE COURT, BLDG. 1300 FT. MYERS, FL 33912 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4571 Colonial Blvd., Suite #102 Fort Myers, FL 33966	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS ALLISON, JANET E 6150 DIAMOND CENTRE CT BLDG 1300 FORT MYERS, FL 33912 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4571 Colonial Blvd., Suite #102 Fort Myers, FL 33966	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>James A. Moore</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			1/31/2008 Date		239-489-4066 X17 Daytime Phone #