2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 10, 2007
Secretary of State

DOCUMENT# L06000047889

Entity Name: JAMV, LLC

Current Principal Place of Business:

813 RILEY LANE
ST. AUGUSTINE, FL 32095

New Principal Place of Business:

Current Mailing Address:

813 RILEY LANE
ST. AUGUSTINE, FL 32095

New Mailing Address:

FEI Number: 20-4985862 **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:

GIANCOLA, LEONARD
813 RILEY LANE
ST. AUGUSTINE, FL 32095 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: RUBINO, JOHN
Address: 41 NAUTILUS DRIVE
City-St-Zip: LEONARDO, NJ 07737

Title: MGRM ( ) Delete
Name: RUBINO, BENNY
Address: 2378 82ND STREET
City-St-Zip: BROOKLYN, NY 11214

Title: MGRM ( ) Delete
Name: LEVELLE, TERESA
Address: 381 CHEVES AVENUE
City-St-Zip: STATEN ISLAND, NY 10314

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:

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: JOHN RUBINO MGRM 08/10/2007

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