


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2008 08:00 AM**  
**Secretary of State**

|   |   |                           |  |   |  |
|---|---|---------------------------|--|---|--|
| <b>DOCUMENT # L06000087424</b>  |   |                           |  |  |  |
| <b>1. Entity Name</b><br>JAM 2, LLC   |   |                           |  |   |  |
| <b>Principal Place of Business</b><br>300 HUNTINGLODGE DR.<br>MIAMI SPRINGS, FL 33166   |   |                           | <b>Mailing Address</b><br>300 HUNTINGLODGE DR.<br>MIAMI SPRINGS, FL 33166  |   |  |
| <b>2. Principal Place of Business - No P.O. Box #</b>   |   | <b>3. Mailing Address</b> |  |   |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.       |  |   |  |
| City & State  |   | City & State              |  |   |  |
| Zip   | Country   | Zip                       | Country  | <b>4. FEI Number</b><br>20-5572128  |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>  |   |                           |  | <b>\$5.00 Additional Fee Required</b>   |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>CARLSON, DAVID<br>8180 N.W. 36TH ST., SUITE 100<br>MIAMI, FL 33166  |   |                           | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |   |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |   |                           | DATE _____   |   |  |
| <b>FILE NOW!!! FEE IS \$138.75</b><br><b>After May 1, 2008 Fee will be \$538.75</b>   |   |                           | Make check payable to<br>Florida Department of State   |   |  |
| <b>9. MANAGING MEMBERS / MANAGERS</b>   |   |                           | <b>10. ADDITIONS / CHANGES</b>   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>MERCURIO, JOANNE B<br>300 HUNTINGLODGE DR.<br>MIAMI SPRINGS, FL 33166 |                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | U000000936051<br>05/23/09-80096-010 138.75  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| <b>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.</b> |   |                           |  |   |  |
| <b>SIGNATURE:</b> <i>JAM 2, LLC Joanne B Mercurio</i>   |   |                           | 4/26/08 305-888 6681   |   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>  |   |                           | <small>Date Daytime Phone #</small>  |   |  |