

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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|--|---|-----------------------------------|--|---|--|
| DOCUMENT # L06000101091 | | | | | |
| 1. Entity Name JTAMAC LLC | | | | | |
| Principal Place of Business 2866 SW 26TH PL CAPE CORAL FL 33914 | | | Mailing Address 2866 SW 26TH PL CAPE CORAL FL 33914 | | |
| 2. Principal Place of Business - No P.O. Box # <i>2866 SW 26TH PL</i> | | 3. Mailing Address <i>SAME</i> | | | |
| Suite, Apt. #, etc. <i>CAPE CORAL 1</i> | | Suite, Apt. #, etc. | | | |
| City & State <i>FL</i> | | City & State | | 4. FEI Number <i>205725283</i> | |
| Zip <i>33914</i> | | Country <i>USA</i> | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BUSINESS FILINGS INCORPORATED 1203 GOVERNOR'S SQUARE BLVD SUITE 101 TALLAHASSEE FL 32301-2960 | | | 7. Name and Address of New Registered Agent Name <i>JTAMAC LLC William McDonald</i> Street Address (P.O. Box Number is Not Acceptable) <i>2866 SW 26TH PL</i> City <i>CAPE CORAL</i> State <i>FL</i> Zip Code <i>33914</i> | | |
| 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)</small> | | | | | |
| FILE NOW!!! FEE IS \$50.00 | | | Make Check Payable to Florida Department of State | | |
| Due By May 1, 2007 | | | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM MCDONALD, WILLIAM 2866 SW 26TH PL CAPE CORAL FL 33914 | <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 | MGRM BAILEY, JENNY S 2866 SW 26TH PL CAPE CORAL FL 33914 | <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 | |
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| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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>23307 239-945-4537</i> | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone # | | | | | |

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