


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L06000114730</b> 1. Entity Name <b>J.M. STRATEGIES, LLC</b>	
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FILED  
 08 APR 28 AM 8: 36  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



Principal Place of Business <b>610 SOUTH BLVD.                  TAMPA, FL 33606</b>	Mailing Address <b>610 SOUTH BLVD.                  TAMPA, FL 33606</b>
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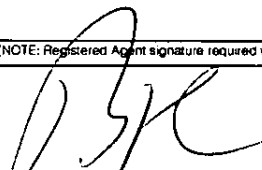
2. Principal Place of Business - No P.O. Box # <b>522 East Park Ave</b> Suite, Apt. #, etc. <b>Suite 201</b> City & State <b>Tallahassee FL</b> Zip <b>32301</b>	3. Mailing Address <b>522 East Park Ave</b> Suite, Apt. #, etc. <b>Suite 201</b> City & State <b>Tallahassee FL</b> Zip <b>32301</b>
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01102008	Chg-LLC	CR2E083 (12/06)
4. FEI Number <b>APPLIED FOR</b>		Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>WATKINS, NANCY                  610 SOUTH BLVD.                  TAMPA, FL 33606</b>	7. Name and Address of New Registered Agent Name <b>J. MATT Williams</b> Street Address (P.O. Box Number is Not Acceptable) <b>522 East Park Ave, Suite 201</b> City <b>Tallahassee</b>
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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 *J. Williams* (NOTE: Registered Agent signature required when reinstating) DATE 4/25/08

<b>FILE NOW!!! FEE IS \$138.75                  After May 1, 2008 Fee will be \$538.75</b>		Make check payable to <b>Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS	
TITLE	MGRM <input type="checkbox"/> Delete
NAME	WILLIAMS, MATT
STREET ADDRESS	610 SOUTH BLVD.
CITY- ST- ZIP	TAMPA, FL 33606
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

10. ADDITIONS/CHANGES	
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	
STREET ADDRESS	
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: *J. Williams* DATE: 4/25/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE