

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000044837

FILED  
Jul 24, 2009  
Secretary of State

Entity Name: JJAM ENTERPRISES LLC

**Current Principal Place of Business:**

23108 POST GARDENS WAY  
205  
BOCA RATON, FL 33433 US

**New Principal Place of Business:**

9467 BOCA RIVER CIRCLE  
BOCA RATON, FL 33434 US

**Current Mailing Address:**

23108 POST GARDENS WAY  
205  
BOCA RATON, FL 33433 US

**New Mailing Address:**

9467 BOCA RIVER CIRCLE  
BOCA RATON, FL 33434 US

FEI Number: 65-1303791      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:**

CLAMENS, WINFIELD C JR.  
9280 KETAY CIRCLE  
BOCA RATON, FL 33428 US

**Name and Address of New Registered Agent:**

CLAMENS, JOHNATHAN M  
9467 BOCA RIVER CIRCLE  
BOCA RATON, FL 33434 US

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: JOHNATHAN CLAMENS

07/24/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CLAMENS, WINFIELD C JR.  
Address: 9280 KETAY CIRCLE  
City-St-Zip: BOCA RATON, FL 33428 US

Title: MGRM ( ) Delete  
Name: CLAMENS, JOHNATHAN M  
Address: 23108 POST GARDENS WAY #205  
City-St-Zip: BOCA RATON, FL 33433 US

Title: MGRM ( ) Delete  
Name: CLAMENS, ARIADNA V  
Address: 23108 POST GARDENS WAY #205  
City-St-Zip: BOCA RATON, FL 33433 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: CLAMENS, JOHNATHAN M  
Address: 9467 BOCA RIVER CIRCLE  
City-St-Zip: BOCA RATON, FL 33434 US

Title: MGRM (X) Change ( ) Addition  
Name: CLAMENS, ARIADNA V  
Address: 9467 BOCA RIVER CIRCLE  
City-St-Zip: BOCA RATON, FL 33434 US

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: JOHNATHAN CLAMENS

MGRM

07/24/2009

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