

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 31, 2008 8:00 am**  
**Secretary of State**

01-31-2008 90067 039 \*\*\*138.75

60005186



<b>DOCUMENT # L07000050939</b> 1. Entity Name <b>JA-MA ENTERPRISES, LLC</b>					
Principal Place of Business <b>2652 ST. ANDREWS DRIVE CLEARWATER, FL 33761</b>			Mailing Address <b>2652 ST. ANDREWS DRIVE CLEARWATER, FL 33761</b>		
2. Principal Place of Business - No P.O. Box # <b>3720 Tampa Road</b> <small>Suite, Apt. #, etc.</small>		3. Mailing Address <b>3720 Tampa Road</b> <small>Suite, Apt. #, etc.</small>			
City & State <b>Palm Harbor, FL</b>		City & State <b>Palm Harbor, FL</b>		4. FEI Number <b>06-1814259</b>	
Zip <b>34684</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ANDREWS, JANICE H 2652 ST. ANDREWS DRIVE CLEARWATER, FL 33761</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ANDREWS, JANICE H 2652 ST. ANDREWS DRIVE CLEARWATER, FL 33761		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EVINS, ROSA M <del>2652 ST. ANDREWS DRIVE</del> <b>6865 298th Ave N</b> <del>CLEARWATER, FL 33761</del> <b>Clearwater, FL 33761</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ashley T. Andrews 2652 St. Andrews Dr. Clearwater, FL 33761		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Matthew Evins 6865 298th Ave N Clearwater, FL 33761		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	
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	
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:			Date: <b>1/28/08</b> Daytime Phone #: <b>727-786-3300</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					