## **2008 LIMITED LIABILITY COMPANY**

## **ANNUAL REPORT**

## DOCUMENT # L07000066816



Feb 28, 2008 8:00 am Secretary of State

**FILED** 

1. Entity Nam JAMMES		ARTMENTS, LLC						02-2	8-2008 90	0105 02	7 ***13	8.75		
Principal Plac	e of Busines	s	Mailing Address											
2506 JAMMES ROAD JACKSONVILLE, FL 32210			P.O. BOX 6087 JACKSONVILLE, FL 32	:										
Principal Place of Business - No P.O. Box #     Mailing Address														
Suite, Apt. #, etc.			Suite, Apt. #, etc.				01072008	Chg-	LLC	CR2E08	3 (12/06)			
City & State			City & State			1. FEI Num	ber 05	2/56		No	plied For t Applicable			
Zip		Country	Zip Country				Certificate of Status Desired							
Name and Address of Current Registered Agent					Name	7	'. Name ar	d Address	of New Reg	istered Ag	jent			
JONES, ROBERT L III 5150 BELFORT RD. BLDG 500 JACKSONVILLE, FL 32256					Street Address (P.O. Box Number is Not Acceptable)									
0,10110011	*********													
		,			City					FL	Zip Code	•		
	named entity tions of regist		r the purpose of changing its	registere	d office or r	registered	agent, or b	oth, in the	State of Florio	la. I am fai	miliar with,	and accept		
SIGNATURE .	Signature, typed	or printed name of registered agent a	and title if applicable. (NOT	E: Registered	Agent signature	re required who	en reinstating)			DATE				
			FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75						Make check payable to Florida Department of State					
FILE After May	NOW!!! 1, 2008	FEE IS \$138.75 Fee will be \$538.75												
FILE After May	NOW!!!   1, 2008	FEE IS \$138.75 Fee will be \$538.75 MANAGING MEMBEI		10.				AL		epartme				
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I hereby certify that the information supplied with this fitting does not quality 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.

ROBERT L. JONES SIGNATURE: Kobey & Jones St. KOBERT L. JONES SR. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE <u>904-781-746</u> 2-25-08