

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000066816

**FILED**  
**Feb 10, 2012**  
**Secretary of State**

**Entity Name:** JAMMES RD. APARTMENTS, LLC

**Current Principal Place of Business:**

2506 JAMMES ROAD  
JACKSONVILLE, FL 32210

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 6087  
JACKSONVILLE, FL 32236

**New Mailing Address:**

**FEI Number:** 26-0521563

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JONES, ROBERT L III  
5150 BELFORT RD. BLDG 500  
JACKSONVILLE, FL 32256 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: JONES, ROBERT L SR  
Address: 8501 COMMON WEALTH AVE  
City-St-Zip: JACKSONVILLE, FL 32220

I hereby 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: ROBERT L.JONES,SR

MGRM

02/10/2012

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