2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 16, 2008 8:00 am Secretary of State

DOCUMENT # L07000101611 1. Entity Name B. JAM SWEET TREATS LLC						04-16-2008	90114 008 ***13	8.75
Principal Plac 3306 EAGLE WINTER HAVI		Mailing Address 3306 EAGLES TRACE WINTER HAVEN, FL 33884			BOIII (PB4 BB) 69 98	5000359;		
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01082008	Chg-LLC	CR2E083 (12/06)		
City.& State .		City & State		4. FEI Number 32 - 02	20935		plied For at Applicable	
Zip	Country	Zip Coun		ry	5. Certificate	of Status Desired	S5.00 Add Fee Require	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New R	egistered Agent	
VAN RYSWYK, BENJAMIN R JR. 3306 EAGLES TRACE WINTER HAVEN, FL 33884				Name Street Address (P.O. Box Number is Not Acceptable)				
			-	City			FL Zip Cod	9
8. The above the obligation	named entity submits this statement for ions of registered agent. Signature, typed or printed name of registered agent.	÷		d office or regist		th, in the State of Flo	orida. I am familiar with,	and accept
After May	NOW!!! FEE IS \$138.75 1, 2008 Fee will be \$538.7	5					e check payable to a Department of State	· Ca
9	MANAGING MEMBI	RS/MANAGERS	10.			ADDITIONS	CHANGES	•
TITLÉ NAME STREET ADDRESS CITY-ST-ZIP	MGRM VAN RYSWYK, BENJAMIN R JF 3306 EAGLES TRACE WINTER HAVEN, FL 33884	☐ Delete		1			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WHY ENTIAVEN, I'E 33004	□ Delete	TITLE NAME STREE				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREE				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS —CITY-ST-ZIP		☐ Delete		,			☐ Change	Addition
TITLE NAME 21.1 STREET ADDRESS CITY-ST-ZIP		☐ Delete			•	,,t	Change 3	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: MAN RY ALL A MANAGER, MANAGER OF AUTOMOTORIED REPRESENTATIVE

1/8/2008 863-318-8403 Date Daytime Phone #