


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 12, 2008 8:00 am**  
**Secretary of State**

02-12-2008 90063 004 \*\*\*143.75

<b>DOCUMENT #</b> L07000122655	
<b>1. Entity Name</b> JAMBONE LLC	

<b>Principal Place of Business</b> 3906 WEST HIGHWAY 98, SUITE 10 SANTA ROSA, FL 32459	<b>Mailing Address</b> 3906 WEST HIGHWAY 98, SUITE 10 SANTA ROSA, FL 32459
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<b>2. Principal Place of Business - No P.O. Box #</b> 3906 West Highway 98 Suite, Apt. #, etc. Suite 10 City & State Santa Rosa Beach FL Zip 32459 Country USA	<b>3. Mailing Address</b> 3906 West Highway 98 Suite, Apt. #, etc. Suite 10 City & State Santa Rosa Beach FL Zip 32459 Country USA
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<b>6. Name and Address of Current Registered Agent</b> INCORP SERVICES, INC. 17888 67TH COURT NORTH LOXAHATCHEE, FL 33470	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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<b>4. FEI Number</b> 26-1542699	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applied
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	


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</b> <b>Florida Department of State</b>
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> ALDERSON, SCOTT E 3906 WEST HIGHWAY 98, SUITE 10 SANTA ROSA, FL 32459 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> MUKHERJI, ASHOKE 9003 OVERLOOK BOULEVARD BRENTWOOD, TN 37027 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add

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:**  2-11-08