2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 01, 2009
Secretary of State

DOCUMENT# L08000083068

Entity Name: THE JAMUS GROUP LLC

Current Principal Place of Business:

13720 JETPORT COMMERCE PARKWAY, STE 10
FORT MYERS, FL 33913

New Principal Place of Business:

13720 JETPORT COMMERCE PARKWAY
SUITE 10
FORT MYERS, FL 33913

Current Mailing Address:

13720 JETPORT COMMERCE PARKWAY, STE 10
FORT MYERS, FL 33913

New Mailing Address:

13720 JETPORT COMMERCE PARKWAY
SUITE 10
FORT MYERS, FL 33913

FEI Number: 30-0508857 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DECUZZI, JAMES
11939 COUNTRY DAY CIRCLE
FORT MYERS, FL 33913 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 ( ) Delete
Name: DECUZZI, JAMES
Address: 11939 COUNTRY DAY CIRCLE
City-St-Zip: FORT MYERS, FL 33913

Title: MGRM ( ) Delete
Name: MUST, WILLIAM J
Address: 3131 LAURE RIDGE CT.
City-St-Zip: BONITA SPRINGS, FL 34134

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change ( ) Addition
Name: MUST, WILLIAM J
Address: 3131 LAUREL RIDGE CT.
City-St-Zip: BONITA SPRINGS, FL 34134

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: WILLIAM J. MUST MGRM 03/01/2009

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