

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000003364

**FILED**  
**Mar 01, 2011**  
**Secretary of State**

**Entity Name:** JAMASON & ASSOCIATES, L.L.C.

**Current Principal Place of Business:**

C/O KELLER WILLIAMS REALTY  
3502 HENDERSON BLVD., STE. 300  
TAMPA, FL 33609

**New Principal Place of Business:**

**Current Mailing Address:**

C/O KELLER WILLIAMS REALTY  
3502 HENDERSON BLVD., STE. 300  
TAMPA, FL 33609

**New Mailing Address:**

3537 HAINES ROAD N.  
SAINT PETERSBURG, FL 33704

**FEI Number:** 27-1908138

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JAMASON, LIANE  
10202 LAKESIDE VISTA DR.  
RIVERVIEW, FL 33569 US

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

JAMASON, LIANE  
3537 HAINES ROAD N  
SAINT PETERSBURG, FL 33704 US

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:** LIANE JAMASON

03/01/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** JAMASON, LIANE  
**Address:** 3537 HAINES ROAD N.  
**City-St-Zip:** SAINT PETERSBURG, FL 33704

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:** LIANE JAMASON

MGRM

03/01/2011

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