

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000002438

Entity Name: J.A.G.M., L.L.C.

FILED
Apr 28, 2006
Secretary of State

Current Principal Place of Business:

% GARY L. RUEKAHR
1418 SYCAMORE LAKE DR.
FORISTELL, MO 63348

New Principal Place of Business:

Current Mailing Address:

% GARY L. RUEKAHR
1418 SYCAMORE LAKE DR.
FORISTELL, MO 63348

New Mailing Address:

FEI Number: 43-1807526

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHELTON, JOHN D
220 GULF BLVD
INDIAN ROCKS BEACH, FL 33785 US

Name and Address of New Registered Agent:

COHRS, DENIS A
2575 ULMERTON ROAD
SUITE 210
CLEARWATER, FL 33762 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: DENIS A. COHRS

04/28/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: RUFKAHR, GARY L
Address: 1418 SYCAMORE LAKE DR.
City-St-Zip: FORISTELL, MO 63348

Title: MGR () Delete
Name: RUFKAHR, ALANA G
Address: 1418 SYCAMORE LAKE DR.
City-St-Zip: FORISTELL, MO 63348

Title: MGRM () Delete
Name: SHELTON, JOHN D
Address: 46 SHELTON LANE
City-St-Zip: MONTGOMERY CITY, MO 63361

Title: MGR () Delete
Name: SHELTON, MARY A
Address: 46 SHELTON LANE
City-St-Zip: MONTGOMERY CITY, MO 63361

ADDITIONS/CHANGES:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: GARY RUFKAHR

MGRM

04/28/2006

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