# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 26, 2006**
**Secretary of State**

DOCUMENT# M04000000962

**Entity Name:** JAMERICAN, LLC

**Current Principal Place of Business:**

9211 W. SUNRISE BLVD.
PLANTATION, FL 33322

**New Principal Place of Business:**

**Current Mailing Address:**

9211 W. SUNRISE BLVD.
PLANTATION, FL 33322

**New Mailing Address:**

**FEI Number: 20-0801273** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

LINDSEY, ARLENE J
9211 W. SUNRISE BLVD.
PLANTATION, FL 33322 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: | HARRISON, HAROLD M.P. | |
| Address: | 1170 MOONBEAM WAY | |
| City-St-Zip: | MILPITAS, CA 95035 | |
| Title: | MGRM | ( ) Delete |
| Name: | HARRISON, ANDRE C | |
| Address: | 11260 N.W. 41ST STREET | |
| City-St-Zip: | CORAL SPRINGS, FL 33065 | |
| Title: | MGRM | ( ) Delete |
| Name: | HARRISON, JAWARA K | |
| Address: | 213 HOLLAND CIRCLE | |
| City-St-Zip: | HOLLISTER, CA 95023 | |
| Title: | MGRM | ( ) Delete |
| Name: | HARRISON, DJENABA A | |
| Address: | 10274 N.W. 36TH STREET | |
| City-St-Zip: | CORAL SPRINGS, FL 33065 | |
| Title: | MGRM | ( ) Delete |
| Name: | LINDSEY, ARLENE J | |
| Address: | 9211 W. SUNRISE BLVD. | |
| City-St-Zip: | PLANTATION, FL 33322 | |
| Title: | MGRM | ( ) Delete |
| Name: | LINDSEY, KAHLIA R | |
| Address: | 10274 N.W. 36TH STREET | |
| City-St-Zip: | CORAL SPRINGS, FL 33065 | |

**ADDITIONS/CHANGES:**

| | | |
|---|---|---|
| Title: | MGRM | (X) Change ( ) Addition |
| Name: | HARRISON, HAROLD M.P. | |
| Address: | 2056 PARTRIDGE STREET | |
| City-St-Zip: | CERES, CA 95307 | |
| 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: | | |
| 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: ARLENE LINDSEY MGRM 04/26/2006

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