

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 14, 2006 08:00 AM
Secretary of State

DOCUMENT # M04000003253

1. Entity Name
J.E.M., L.L.C.



Principal Place of Business
**214 CAMELLIA STREET
WAVELAND, MS 39576**

Mailing Address
**214 CAMELLIA STREET
WAVELAND, MS 39576**



02012006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
64-0888260

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when restate.)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MARLOWE, JAMES E
214 CAMELLIA STREET
WAVELAND, MS 39576**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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000000433704
02/24/06-80030-001 50.00

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IN THIS SPACE**

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: *Rebecca J. Elwood* **CRA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/10/06 *228-467-1402*