


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 09, 2007 8:00 am**  
**Secretary of State**

05-09-2007 90035 007 \*\*\*\*50.00

<b>DOCUMENT # M99000000435</b>	
1. Entity Name <b>JM AMUSEMENTS, LLC</b>	

Principal Place of Business <b>2122 SOUTH ATLANTIC AVENUE DAYTONA BEACH SHORES FL 32118</b>	Mailing Address <b>2122 SOUTH ATLANTIC AVENUE DAYTONA BEACH SHORES FL 32118</b>
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address <b>PO Box 960</b> Suite, Apt. #, etc.
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1st MOORE CR2E083 (10/06)

City & State <b>Reno both DE</b>	4. FEI Number <b>52-2151241</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>19971</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>

6. Name and Address of Current Registered Agent <b>JONES, KATHY 2128 S. ATLANTIC AVENUE DAYTONA BEACH FL 32118</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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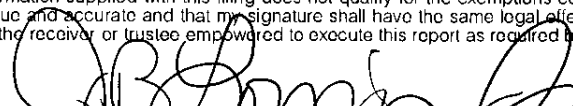
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY ST ZIP	<b>MGRM JONES, KATHY 2128 S. ATLANTIC AVENUE DAYTONA BEACH FL 32118</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:**  **4-24-07 302-644-7070**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #