


FILE NOW: Fee after May 1, will be \$588.75

APPROVED
AND
FILED

1997 JAN 27 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILING FEE \$ 203.75	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company	DOCUMENT #200074
J.P.S.M. ENTERPRISES, L.C. 420 ST. ARMAND'S CIRCLE SARASOTA FL 34236	

1a. Principal Place of Business Address
420 ST. ARMAND'S CIRCLE SARASOTA FL 34236

2. Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

3. Date Organized or Qualified	3a. State of Formation
01/26/1989	FL
4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
65-0099088	
5. Date of Last Report	6. Certificate of Status Desired
02/08/1996	<input type="checkbox"/> Additional Fee Required

7. Name and Address of Current Registered Agent
MACDONALD, JAMES W. 420 ARMAND'S CIRCLE SARASOTA FL 34236

8. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, etc.	
City	Zip Code
FL	

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when re-instating) DATE _____

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
M	MACDONALD, JAMES W.	420 ST. ARMAND'S CIRCLE	SARASOTA FL
M	MACDONALD, PAMELA J.	420 ST. ARMAND'S CIRCLE	SARASOTA FL

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****203.75 ****203.75

1/23/97

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: James W. MacDonald JAMES W. MACDONALD OWNER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #