


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 15, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # L01000001260**

1. Entity Name  
**JTM PROPERTIES, L.L.C.**



Principal Place of Business  
**19 W. FLAGLER ST. SUITE 1212**  
**MIAMI, FL 33130**

Mailing Address  
**19 W. FLAGLER ST. SUITE 1212**  
**MIAMI, FL 33130**

**DO NOT WRITE IN THIS SPACE**



01102007No Chg-LLC CR2E083 (11/05)

4. FEI Number  
**65-1112173**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BARKET, TIMOTHY K**  
**19 W. FLAGLER ST. SUITE 1212**  
**MIAMI, FL 33130**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00**  
**Due by May 1, 2007**

U00000637097  
 02/26/07-80049-001 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BARKET, TIMOTHY K 19 WEST FLAGLER STREET, SUITE 1212 MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BARKET, MICHAEL G 19 WEST FLAGLER STREET, SUITE 1212 MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TOMBLEY, JILL M 19 WEST FLAGLER STREET, SUITE 1212 MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:**  **2/13/07 305-373-6711**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #