### 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT # L02000017047

1. Entity Name
JMJ BUILDERS, L.L.C.



FILED Apr 27, 2007 08:00 AM Secretary of State

Principal Place of Business

2100 TRADE CENTER WAY, STE D NAPLES, FL 34109 Mailing Address

2100 TRADE CENTER WAY, STE D NAPLES, FL 34109



DO NOT WRITE IN THIS SPACE

04232007 No Chg-LLC

4. FEI Number Applied For 02-0626431 Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

CR2E083 (11/05)

6. Name and Address of Current Registered Agent

SKRIVAN, KENT A C/O BUTZEL LONG 801 LAUREL OAK DRIVE, SUITE 705 NAPLES, FL 34108

# 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, i	n 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 reinstating)

DATE

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

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JMJ DEVELOPERS, INC. 2100 TRADE CENTER WAY, STE D NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET AODRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

05/11/07-80060-024 50.00

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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 main 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 main indicated 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 main ager of the firmited liability company of the receiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

MUSUMANO

SIGNATURE?

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

14/24/07

£239-594-7985

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Daytime Phone #