


**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

02-13-2007 90055 034 \*\*\*\*50.00

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

<b>DOCUMENT # L03000040208</b>																																																	
1. Entity Name <b>J &amp; M DEVELOPMENT, L.L.C.</b>																																																	
Principal Place of Business <b>1740 ALDERMAN ST APT 1 SARASOTA FL 34236</b>		Mailing Address <b>1740 ALDERMAN ST APT 1 SARASOTA FL 34236</b>																																															
2. Principal Place of Business - No P.O. Box		3. Mailing Address																																															
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																															
City & State		City & State																																															
Zip	Country	Zip	Country																																														
4. FEI Number <b>90-0131363</b>		Applied For Not Applicable																																															
5. Certificate of Status Desired <input type="checkbox"/>		5.00 Additional Fee Required																																															
6. Name and Address of Current Registered Agent <b>BONE, DAVID D 100 WALLACE AVENUE, SUITE 100 SARASOTA FL</b>		7. Name and Address of New Registered Agent																																															
Name		Name																																															
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)																																															
City		FL	Zip Code																																														
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 _____																																																	
<b>FILE NOW!!! FEE IS \$50.00</b> Make Check Payable to Florida Department of State Due By May 1, 2007																																																	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES																																															
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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: _____		DATE: <b>1-29-07</b>		CAPTION: _____																																													
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE																																																	