

**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**



01102007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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 _____

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**

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	

**DO NOT WRITE
IN THIS SPACE**

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: _____

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

Date

Daytime Phone #

2/13/07 305-373-6711