

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000047923

**Entity Name:** NJJMP, LLC

**Current Principal Place of Business:**

500 S FLORIDA AVE  
STE 715  
LAKELAND, FL 33801

**Current Mailing Address:**

500 S FLORIDA AVE  
STE 715  
LAKELAND, FL 33801 US

**FEI Number:** 45-1859440

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

MCFARLANE, PETER A  
500 S FLORIDA AVE  
STE 715  
LAKELAND, FL 33801 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGRM  
Name MCFARLANE, NANCY  
Address 700 E WALNUT  
City-State-Zip: LAKELAND FL 33801

Title MGRM  
Name MCFARLANE, JEFF  
Address 700 E WALNUT  
City-State-Zip: LAKELAND FL 33801

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** NANCY MCFARLANE

**MGRM**

**04/23/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date