APR-25-2006 17:20 R.H. HARRIS ASSOCIATES

FILED
May 01, 2006 8:00 am
Secretary of State
05-01-2006 90064 029 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000006170

1. Entity Name
J & M GROSMAN. L.L.C.

Principal Place of Business	Mailing Address
1503 CAYMAN WAY G1 COCONUT CREEK, FL 33066	1503 CAYMAN WAY G1 COCONUT CREEK, FL 33066

04252006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
4920 LORING DR	4920 LORING DR.
Suite, Apt. # etc. 1414	Suite, Apt. # etc. 1414
City & State West Palm Beach, Fl.	City & State West Palm Beach, Fl.
Zip 33417 Country US	Zip 33417 Country US.

4. FEI Number 65-1013983 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GROSMAN, MINNIE
~~1503 CAYMAN WAY~~ 4920 LORING DR.
~~G1~~ 1414
~~COCONUT CREEK, FL 33066~~ West Palm Beach, Fl 33417

7. Name and Address of New Registered Agent

Name
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
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, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	☐ Delete
NAME	GROSMAN, MINNIE	
STREET ADDRESS	1503 CAYMAN WAY, G1	
CITY-ST-ZIP	COCONUT CREEK, FL 33066	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS	4920 LORING DR.	
CITY-ST-ZIP	West Palm Beach, Fl. 33417	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: X MINNIE GROSMAN, Minnie Grosman X 4-26-06 X 561-309-6299
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

TOTAL P.01