

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 12, 2007 08:00 AM
Secretary of State

DOCUMENT # L00000012695	
1. Entity Name: JMJ PROPERTIES, LLC	
Principal Place of Business 345 JUPITER LAKES BOULEVARD STE 300 JUPITER, FL 33458	Mailing Address 345 JUPITER LAKES BOULEVARD STE 300 JUPITER, FL 33458



03062007 No Chg-LLC

GR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. LLC Number 65-1063175	Applied for Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent WEISENBACHER, JUSTIN 345 JUPITER LAKES BLVD SUITE 300 JUPITER, FL 33458

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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 true if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

000000664727
03/22/07-80055-018 55.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WEISENBACHER, JUSTIN 345 JUPITER LAKES BLVD #300 JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARINI, MATTHEW 2305 RIVER WOODS DR. NAPERVILLE, IL 60565
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: M. C. Marini

3/6/07 (630) 983-7475

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

Date

Daytime Phone #