

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90066 016 ****55.00

DOCUMENT # L01000008844 1. Entity Name NJM LLC			
Principal Place of Business 1957 TIGRIS DRIVE WEST PALM BEACH, FL 33411		Mailing Address 1957 TIGRIS DRIVE WEST PALM BEACH, FL 33411	
2. Principal Place of Business 6758 N Military Trail Suite, Apt. #, etc. Suite 110 City & State West Palm Beach, FL Zip 33407		3. Mailing Address 6758 N Military Trail Suite, Apt. #, etc. Suite 110 City & State West Palm Beach, FL Zip 33407	
4. FEI Number 80-0034201		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent THIRION, JEAN MICHEL 630 S. SAPODELLA AVENUE #410 WEST PALM BEACH, FL 33401		7. Name and Address of New Registered Agent Name THIRION Jean-Michel Street Address (P.O. Box Number is Not Acceptable) 6758 N Military Trail Suite 110 City West Palm Beach FL Zip Code 33407	
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. <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="text-align: right;"> 04/27/04 <small>DATE</small> </div> </div>			
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THIRION, JEAN-MICHAEL 1957 TIGRIS DRIVE WEST PALM BEACH, FL 33411 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THIRION Jean-Michel 6758 N Military Trail Suite 110 West Palm Beach, FL 33407 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		04/27/04 (561) 491-1108 <small>Date Daytime Phone #</small>	