

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000019745

Entity Name: JMJ ENTERPRISES, LLC

FILED
May 21, 2007
Secretary of State

Current Principal Place of Business:

150 AZALEA DRIVE
SUITE A
DESTIN, FL 32541

New Principal Place of Business:

Current Mailing Address:

PO BOX 5799
DESTIN, FL 32540

New Mailing Address:

FEI Number: 59-3730291 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

FELL, JAMES E JR.
101 COUNTRY CLUB DRIVE WEST
DESTIN, FL 32541 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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FELL, JAMES E JR
Address: 101 COUNTRY CLUB DRIVE WEST
City-St-Zip: DESTIN, FL 32541

Title: MGRM () Delete
Name: FELL, MICHAEL F
Address: 4339 CARRIAGE LANE
City-St-Zip: DESTIN, FL 32541

Title: MGRM () Delete
Name: FELL, JAMES E SR
Address: 508 HIGHWAY 98, UNIT 302
City-St-Zip: DESTIN, FL 32541

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: MICHAEL FELL

MGRM

05/21/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date