


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90013 039 ****50.00

DOCUMENT # L02000001237			
1. Entity Name JMAX, L.L.C.			
Principal Place of Business ATTN: MASSIMO BOSSO 410 HIBISCUS TRAIL MELBOURNE BEACH FL 32951		Mailing Address ATTN: MASSIMO BOSSO 410 HIBISCUS TRAIL MELBOURNE BEACH FL 32951	
2. Principal Place of Business 103 RIVERSIDE DR.		3. Mailing Address 103 RIVERSIDE DR.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MELBOURNE BCH. FL		City & State MELBOURNE BCH. FL.	
Zip 32951	Country USA	Zip 32951	Country USA

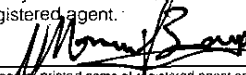


MOORE CR2E083 (11/03)

4. FEI Number 73-1627096		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent BOSSO, MASSIMO 1682 W. HIBISCUS BLVD. MELBOURNE FL 32901		7. Name and Address of New Registered Agent Name BOSSO MASSIMO Street Address (P.O. Box Number is Not Acceptable) 103 RIVERSIDE DR. City MELBOURNE BCH. FL Zip Code 32951	
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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 **05-01-04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOSSO, MASSIMO 1682 W HIBISCUS BLVD MELBOURNE FL 32901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 103 RIVERSIDE DR. MELBOURNE BCH. FL. 32951
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BASSO, JILL 1682 W HIBISCUS BLVD MELBOURNE FL 32901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 103 RIVERSIDE DR. MELBOURNE BCH. FL. 32951
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **MASSIMO BOSSO** DATE **05-01-04** (321) 952-8492

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