

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000009082 1. Entity Name JMG COMMERCIAL PROPERTIES LLC	
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Principal Place of Business 5401 TAYLOR RD UNIT #2 NAPLES, FL 34109	Mailing Address 5401 TAYLOR RD UNIT #2 NAPLES, FL 34109
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent GUITARD, JULIE C 9698 OXFORD ST. NAPLES, FL 34109	DO NOT WRITE IN THIS SPACE
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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 *Julie C Guitard* DATE 1/10/2005

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

Filing Fee is \$50.00 Due by May 1, 2005	U00000182290 01/19/05-80022-003 50.00
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GUITARD, JOHN 5401 TAYLOR RD UNIT #2 NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GUITARD, MIGUEL 5401 TAYLOR RD UNIT #2 NAPLES, FL 34109
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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: *[Signature]* DATE 1/10/2005 DAYTIME PHONE # 239-289-6644

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