2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 15, 2006
Secretary of State

DOCUMENT# L02000019612

Entity Name: JMF PROPERTIES LC

Current Principal Place of Business:

111 SW CHAPMAN AVENUE
PORT ST LUCIE, FL 34984

New Principal Place of Business:

1812 HAZELWOOD DRIVE
FT. PIERCE, FL 34982

Current Mailing Address:

111 SW CHAPMAN AVENUE
PORT ST LUCIE, FL 34984

New Mailing Address:

1812 HAZELWOOD DRIVE
FT. PIERCE, FL 34982

FEI Number: 45-0493174 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FIMIAN, SARAH L
111 SW CHAPMAN AVE
PORT ST LUCIE, FL 34984 US

Name and Address of New Registered Agent:

FIMIAN, SARAH L
1812 HAZELWOOD DRIVE
FT. PIERCE, FL 34982 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: _____ 01/15/2006
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: FIMIAN, JOHN M
Address: 111 SW CHAPMAN AVE
City-St-Zip: PORT ST LUCIE, FL 34984

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: FIMIAN, JOHN M
Address: 1812 HAZELWOOD DRIVE
City-St-Zip: FT. PIERCE, FL 34982

Title: MGRM ( ) Change (X) Addition
Name: FIMIAN, KATHY L
Address: 1812 HAZELWOOD DRIVE
City-St-Zip: FT. PIERCE, FL 34982

I hereby certify that the information supplied with this filing does not qualify for the 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: JOHN M FIMIAN MGRM 01/15/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date