

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000021623

FILED
Apr 26, 2009
Secretary of State

Entity Name: JMJ CAPE 7520 LLC

Current Principal Place of Business:

7520 RIDGEWOOD AVE
101
CAPE CANAVERAL, FL 32930

New Principal Place of Business:

Current Mailing Address:

201A FICK FARM ROAD
CHESTERFIELD, MO 63005

New Mailing Address:

302 POINTE LOMA BLVD
LAKE ST LOUIS, MO 63367

FEI Number: 55-0792811

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 US

Name and Address of New Registered Agent:

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: MGR () Delete
Name: GRASSO, JOHN L
Address: 2677 HOLLY DRIVE
City-St-Zip: UPLAND, CA 91784

Title: MGR () Delete
Name: GRASSO, MINA
Address: 2677 HOLLY DRIVE
City-St-Zip: UPLAND, CA 91784

Title: MGR () Delete
Name: GRASSO, MICHAEL
Address: 226 FICK FARM ROAD
City-St-Zip: CHESTERFIELD, MO 63005

Title: MGR () Delete
Name: GRASSO, CINDY
Address: 226 FICK FARM ROAD
City-St-Zip: CHESTERFIELD, MO 63005

Title: MGR () Delete
Name: GRASSO, JAMES
Address: 201 FICK FARMS RD
City-St-Zip: CHESTERFIELD, MO 63005

Title: MGR () Delete
Name: GRASSO, KIM
Address: 201 FICK FARMS RD
City-St-Zip: CHESTERFIELD, MO 63005

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:

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

Title: () Change () Addition
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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: KIM GRASSO

MGR

04/26/2009

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