

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000021623

Entity Name: JMJ CAPE 7520 LLC

FILED  
Mar 25, 2010  
Secretary of State

**Current Principal Place of Business:**

7520 RIDGEWOOD AVE  
101  
CAPE CANAVERAL, FL 32930

**New Principal Place of Business:**

**Current Mailing Address:**

302 POINTE LOMA BLVD  
LAKE ST LOUIS, MO 63367

**New Mailing Address:**

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

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

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

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

Title: MGR  
Name: GRASSO, JAMES  
Address: 302 POINTE LOMA BLVD  
City-St-Zip: LAKE ST LOUIS, MO 63367

Title: MGR  
Name: GRASSO, KIM  
Address: 302 POINTE LOMA BLVD  
City-St-Zip: LAKE ST LOUIS, MO 63367

I hereby 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

03/25/2010

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