

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L02000023955

1. Entity Name
JMB DEVELOPMENT GROUP, L.L.C.



**FILED
Apr 30, 2007 8:00 am
Secretary of State**

04-30-2007 90050 023 ****50.00

Principal Place of Business

11619 RIVERCHASE RUN
WEST PALM BEACH, FL 33412

Mailing Address

11619 RIVERCHASE RUN
WEST PALM BEACH, FL 33412

2. Principal Place of Business - No P.O. Box
1949 Royal Palm Way
Suite, Apt. #, etc.

3. Mailing Address

Some

Suite, Apt. #, etc.

City & State
Boca Raton FL

City & State

Zip 33432 Country USA

Zip

Country



04202007 Chg-LLC CR2E083 (12/06)

4. FEI Number
16-1640782

Applied For
Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KENNEDY, BENJAMIN S JR ESC
300 WEST PALMETTO PARK ROAD - SUITE 100
BOCA RATON, FL 33432

7. Name and Address of New Registered Agent

Name John Bitove, Sr.

Street Address (P.O. Box Number is Not Acceptable)

1949 Royal Palm Way

City Boca Raton Zip Code FL 33432

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

Signature, Print or Printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/20/07

Filing Fee Is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME BITOVE SR, JOHN
STREET ADDRESS 1949 ROYAL PALM WAY
CITY-ST-ZIP BOCA RATO, FL 33434

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE MGR
NAME DESJARLAIS, BRIAN
STREET ADDRESS 11619 RIVERCHASE RUN
CITY-ST-ZIP WEST PALM BEACH, FL 33412

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE MGR
NAME DESJARLAIS, MICHAEL
STREET ADDRESS 383 ASTER ST.
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *XOJB*

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

4/20/07 561 368 6919

Date Daytime Phone #