
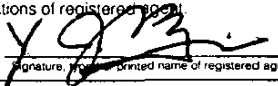
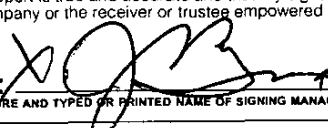


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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

DOCUMENT # L02000023955 1. Entity Name JMB DEVELOPMENT GROUP, L.L.C.					
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 Same Suite, Apt. #, etc.			
City & State Boca Raton FL		City & State Boca Raton FL		4. FEI Number 16-1640782	
Zip 33432		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KENNEDY, BENJAMIN S JR ESQ. 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 FL Zip Code 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  DATE 4/20/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
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 NAME STREET ADDRESS CITY-ST-ZIP	MGR BITOVE SR, JOHN 1949 ROYAL PALM WAY BOCA RATO, FL 33434	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DESJARLAIS, BRIAN 11619 RIVERCHASE RUN WEST PALM BEACH, FL 33412	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DESJARLAIS, MICHAEL 383 ASTER ST. PALM BEACH GARDENS, FL 33410	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR (Empty)	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR (Empty)	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR (Empty)	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 				Date 4/20/07 Daytime Phone # 561 368 6919	