


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000025929

1. Entity Name
JMCH, LLC



Principal Place of Business Mailing Address

5324 FLAMINGO PLACE 5324 FLAMINGO PLACE
 COCONUT CREEK, FL 33073 US COCONUT CREEK, FL 33073 US

DO NOT WRITE IN THIS SPACE



03222005No Chg-LLC CR2E083 (10/03)

4. FEI Number 42-1552999	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CAPOGRECO, JOSEPH M
 5324 FLAMINGO PLACE
 COCONUT CREEK, FL 33073

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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 _____

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAPOGRECO, JOSEPH M 5324 FLAMINGO PL POMPANO BEACH, FL 33073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAMILTON, JACK 5324 FLAMINGO PL POMPANO BEACH, FL 33073
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Joseph M. Capogreco JOSEPH M. CAPOGRECO MEMBER X 3-30-05 X 954-416-7233

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #