

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000033369

Entity Name: JMJ ASSET GROUP, LLC

FILED
May 01, 2006
Secretary of State

Current Principal Place of Business:

P. O. BOX 180811
ATTN: POOLE, JULIUS/MICHELLE
TALLAHASSEE, FL 32318 US

Current Mailing Address:

POST OFFICE BOX 180811
ATTN: POOLE, JULIUS/MICHELLE
TALLAHASSEE, FL 32318 US

New Principal Place of Business:

P. O. BOX 180811
ATTN: JULIUS/MICHELLE POOLE
TALLAHASSEE, FL 32318 US

New Mailing Address:

POST OFFICE BOX 180811
ATTN: JULIUS/MICHELLE POOLE
TALLAHASSEE, FL 32318 US

FEI Number: 43-1986477 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ANGELA MOSS POOLE LLC
118 SALEM COURT, SUITE A
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

ANGELA MOSS POOLE LLC
130 SALEM COURT
TALLAHASSEE, FL 32301 US

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: ANGELA M POOLE FOR THE FIRM

05/01/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: POOLE, JULIUS C JR.
Address: P.O. BOX 180811
City-St-Zip: TALLAHASSEE, FL 32318 US

Title: MGRM () Delete
Name: POOLE, MICHELLE J
Address: P.O. BOX 180811
City-St-Zip: TALLAHASSEE, FL 32318 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
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 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: MICHELLE POOLE

MGR

05/01/2006

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