2006 LIMITED LIABILITY COMPANY FILED **AMENDED ANNUAL REPORT** DOCUMENT #L03000008514 1. Entity Name JMCD, LLC 006 OCT 31 PM 3: 21 SECRETARY OF STATE
TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 3776 S.W. 30TH AVENUE 3776 S.W. 30TH AVENUE FT. LAUDERDALE, FL 33312 FT. LAUDERDALE, FL 33312 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. 10172006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For 13-4243451 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent George I. Johnson HATHAWAY, RANDY I Street Address (P.O. Box Number is Not Acceptable) 3776 SW 30TH AVENUE FT. LAUDERDALE, FL 33312 3776 SW 30th Avenue FL 33312 City Ft. Lauderdale 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. Hoad (INOTE: Registered Agent signature required when reinstating edistered agent and title if applicable Make check payable to Amended AR is \$50.00 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM X Delete TITLE TITLE HATHAWAY, RANDY L NAME NAME 19/31/06--01051--007 **50_00 3776 S.W. 30TH AVENUE STREET ADDRESS STREET AUDRESS FT. LAUDERDALE, FL 33312 CITY-ST-218 CITY-SI-7IP MGRM TITLE Delete TITLE ☐ Change Addition JOHNSON, GEORGE L NAME NAME 3776 S.W. 30TH AVENUE STREET ADORESS STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE, FL 33312 CITY-ST-ZIP TITLE Oelete tin£ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78P TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - S1 - 712 CITY-ST-ZIP IIILE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 employeered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: 10/25/06

GNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone &

RINTED NAME OF

Johnson, MGRM