

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 20, 2004 8:00 am
Secretary of State

03-19-2004 90274 007 ****50.00

DOCUMENT # L03000014203

1. Entity Name
JJM PARTNERSHIPS, LLC



Principal Place of Business
C/O JOHN MELK
ONE FISHER ISLAND DRIVE, 3RD FL, EXEC OFF.
FISHER ISLAND, FL 33109

Mailing Address
C/O JOHN MELK
ONE FISHER ISLAND DRIVE, 3RD FL, EXEC OFF.
FISHER ISLAND, FL 33109

34010001



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07032004 Chg-LLC CR2E083 (10/03)

4. FEI Number

35 220 3395

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name Karen Melk

Street Address (P.O. Box Number is Not Acceptable)
1 Fisher Island Drive

City Fisher Island

FL

Zip Code 33109

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

Karen Melk

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7-26-04

DATE

Filing Fee is \$50.00
Due by September 8, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME John Melk
STREET ADDRESS One Fisher Island Drive
CITY-ST-ZIP Fisher Island, FL 33109 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME John Melk
STREET ADDRESS One Fisher Island Drive
CITY-ST-ZIP Fisher Island, FL 33109 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

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

John Melk

8-16-04

Date

355356093

Daytime Phone #

Attachment
36010001
203000014203

Posting Date: 2004-03-24
Sequence #: 520122872
Account #: 000000000644417008
Amount #: \$50.00
Check/Serial #: 000000027521
Bank #: 111
Tran Code: 000000

MELK FAMILY OPERATING ACCOUNT, LLC
C/O P. TUMBAS
225 ABERDEEN DRIVE, SUITE A-1
VALPARAISO, IN 46385-7762

BANK ONE, NATIONAL ASSOCIATION
ARLINGTON HEIGHTS, IL 60005
2-1710

24025770 27521

3/15/04

PAY TO THE
ORDER OF

Florida Dept of State
Jury Fee 03/15/04

\$50.00

DOLLARS

FIN 35-2203395

20300014203

MEMO

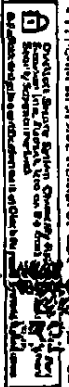
JM Fairbanks LLC

Karen Dusk

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RECEIVED
JUL 19 2004

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BANK OF AMERICA
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DEPARTMENT OF STATE
FOR DEPOSIT ONLY
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