


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

03-19-2004 90272 007 \*\*\*\*50.00

**DOCUMENT # L03000014204**

1. Entity Name  
**JJM INVESTMENTS, 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**

**34010002**



2. Principal Place of Business  
 Suite, Apt: #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

07032004 Chg-LLC CR2E083 (10/03)

City & State

4. FEI Number  
**37 146 4879**

Applied For  
 Not Applicable

Zip Country

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* DATE 7-25-04

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 September 8, 2004**

**Make check payable to  
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: *John Melk* DATE 8-16-04 DAYTIME PHONE # 305-535-6043

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



ATTACHMENT  
34010002

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JOHN J. MELK

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**TO:** DIVISION OF CORPORATIONS  
**FROM:** KAREN MELK  
**SUBJECT:** JIM INVESTMENTS LLC (L03000014204), JIM PARTNERSHIPS LLC (L03000014203), JIM REAL ESTATE INVESTMENTS, LLC (L03000014202)  
**DATE:** 8/17/2004  
**CC:**

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Please find attached three Annual Reports for the above three referenced entities. These reports were previously submitted with an incorrect Registered Agent. There is a \$50 credit for each entity. The cancelled check copies are attached.

If you have any questions, please contact me at 305-535-6028.

Best regards,

  
Karen Melk

305-535-6028