

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000034650

Entity Name: JMB OF FLORIDA, LLC

FILED
Apr 23, 2004
Secretary of State

Current Principal Place of Business:

69 PARADISE POINT LANE
SANTA ROSA BEACH, FL 32459 US

New Principal Place of Business:

Current Mailing Address:

69 PARADISE POINT LANE
SANTA ROSA BEACH, FL 32459 US

New Mailing Address:

FEI Number: 73-1679694

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEARD, MICHAEL
69 PARADISE POINT LANE
SANTA ROSA BEACH, FL 32459 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: HEARD, MICHAEL
Address: 69 PARADISE POINT LANE
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: JAMES, PRITCHARD A
Address: 3637 SPRING VALLEY ROAD
City-St-Zip: BIRMINGHAM, AL 35223

Title: MGRM () Change (X) Addition
Name: WILLIS, BRIAN
Address: 2485 SHUMARD OAK DR
City-St-Zip: BRASELTON, GA 30517

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JAMES A PRITCHARD

MRRM

04/23/2004

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