2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 15, 2004
Secretary of State

DOCUMENT# L03000056599

Entity Name: JJM REALTY, LLC

Current Principal Place of Business:

220 NINA WAY UNIT #3
OLDSMAR, FL 34677 US

New Principal Place of Business:

Current Mailing Address:

220 NINA WAY UNIT #3
OLDSMAR, FL 34677 US

New Mailing Address:

FEI Number: 06-1715423 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BANNER, MICHAEL
4244 W. TENNESSEE ST. #185
TALLAHASSEE, FL 32304 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:	MURPHY, JENNIFER E	
Address:	220 NINA WAY UNIT #3	
City-St-Zip:	OLDMAR, FL 34677 US	
Title:	MGRM	( ) Delete
Name:	MURPHY, MATTHEW J	
Address:	45 CHESTNUT AVE.	
City-St-Zip:	POMPTON LAKES, NJ 07442 US	
Title:	MGRM	( ) Delete
Name:	MURPHY, JONATHAN	
Address:	15776 EASTHAVEN COURT	
City-St-Zip:	BOWIE, MD 20716 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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: MATTHEW J MURPHY MR 07/15/2004

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