

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L03000056599

1. Entity Name

JJM REALTY, LLC



FILED

09-08-2004 90002 033 ****50.00

2004 SEP 10 P 1:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
220 NINA WAY UNIT #3
OLDSMAR FL 34677
US

Mailing Address
220 NINA WAY UNIT #3
OLDSMAR FL 34677
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

MOORE

CR2E083 (4/04)

4. FEI Number

06-1715423

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BANNER, MICHAEL
4244 W. TENNESSEE ST. #185
TALLAHASSEE FL 32304

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By September 8, 2004**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME MURPHY, JENNIFER E
STREET ADDRESS 220 NINA WAY UNIT #3
CITY-ST-ZIP OLDSMAR FL 34677

TITLE ☒ Change ☐ Addit
NAME Jennifer Murphy
STREET ADDRESS 9927 Brompton Drive
CITY-ST-ZIP Tampa, FL 33626

TITLE MGRM ☐ Delete
NAME MURPHY, MATTHEW J
STREET ADDRESS 45 CHESTNUT AVE
CITY-ST-ZIP POMPTON LAKES NJ 07442

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

TITLE MGRM ☐ Delete
NAME MURPHY, JONATHAN
STREET ADDRESS 15776 EASTHAVEN COURT
CITY-ST-ZIP BOWIE MD 20716

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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

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

Date

Daytime Phone #

9/1/04 727-534-6833