



# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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**FILED**  
**Aug 17, 2005 8:00 am**  
**Secretary of State**

07-15-2005 90066 001 \*\*\*\*50.00

<b>DOCUMENT # L04000005100</b> 1. Entity Name <b>JLM PROPERTY SERVICES, LLC</b>					
Principal Place of Business <b>128 WEST OAK STREET</b> <b>ARCADIA, FL 34266 US</b>			Mailing Address <b>128 WEST OAK STREET</b> <b>ARCADIA, FL 34266 US</b>		
2. Principal Place of Business <b>13435 McCall Rd</b> Suite, Apt. #, etc. <b>222</b>		3. Mailing Address <b>13435 McCall Rd</b> Suite, Apt. #, etc. <b>222</b>			
City & State <b>Pl. Charlotte</b>		City & State <b>Pl. Charlotte</b>		4. FEI Number <b>20-0621011</b>	
Zip <b>33981</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>AMES, ANDREW T CPA CFP</b> <b>128 WEST OAK STREET</b> <b>ARCADIA, FL 34266</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when releasing) _____ DATE _____					
<b>Filing Fee is \$50.00</b> <b>Due by September 7, 2005</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
<b>9. MANAGING MEMBERS / MANAGERS</b>				<b>10. ADDITIONS / CHANGES</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MANNING, JERRY L 128 WEST OAK STREET ARCADIA, FL 34266			<input type="checkbox"/> Delete	
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.					
<b>SIGNATURE:</b> 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE _____ Date _____ Daytime Phone # _____					

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