## 2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

## Apr 04, 2007 8:00 am Secretary of State DOCUMENT # L04000016524 1. Entity Name 04-04-2007 90038 040 \*\*\*\*50.00 JMD PROPERTIES, LLC Principal Place of Business Mailing Address 1728 CORAL WAY MIAMI FL 33145 1728 CORAL WAY MIAMI FL 33145 2. Principal Place of Business - No P.O., Box # 3. Mailing Address 2630° 2630 1st MOORE CR2E083 (10/06) City & Starte 4. FEI Number Applied For Grave 34-2001554 Not Applicable \$5.00 Additional 5. Certificate of Status Desired USA Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DALEY, JILL 1728 CORAL WAY **MIAMI FL 33145** City 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 agent and title if applicable (NOTE: Pegistered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10. MG Y IIILE MGRP DILLE Delete □ Channe ☐ Addition DALEY, JIL NAME NAME STREET ADDRESS STREET ADDRESS 1441 BELLAS VISTA AVE CITY-ST-ZIP CORAL GABLES FL 33156 CITY - ST - ZIP TITLE ☐ Delete HILE Change Addition 3/<del>/C</del> NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST 7/P HILE ☐ Delete Inti □ Change Addition NAME NAMI STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP ☐ Delete IIII£ TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CHY-ST 7IP ☐ Defete Ш Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CHY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 employered to execute this report as required by Chapter 608, Florida Statutes.

SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED