

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2005 8:00 am
Secretary of State

03-22-2005 90181 050 ****50.00
02-07-2005 90278 016 ****50.00

DOCUMENT # L04000020165			
1. Entity Name JLM PROPERTIES, LLC			
Principal Place of Business 285 W. 49TH ST. HIALEAH, FL 33012		Mailing Address 285 W. 49TH ST. HIALEAH, FL 33012	
2. Principal Place of Business 6450 W 21 COURT SUITE 205 HIALEAH, FLA 33016 DADE		3. Mailing Address 6450 W 21 COURT SUITE 205 HIALEAH, FLA 33016 DADE	
4. FEI Number 58-2501753		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		01172005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent VICTORES, BARBARA 285 W. 49TH ST. HIALEAH, FL 33012		7. Name and Address of New Registered Agent 6450 W. 21 COURT, SUITE 205 HIALEAH, FL 33016	
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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renouncing)			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR VICTORES, BARBARA 285 W. 49TH ST. HIALEAH, FL 33012 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	1 6450 W 21 COURT, SUITE 205 HIALEAH, FLA 33016 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR VICTORES, LORENZO 285 W. 49TH ST. HIALEAH, FL 33012 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	6450 W 21 COURT, SUITE 205 HIALEAH, FLA 33016 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM JLM INVESTMENTS, L.P. 285 W. 49TH ST. HIALEAH, FL 33012 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	6450 W. 21 COURT, SUITE 205 HIALEAH, FLA 33016 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ 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.			
SIGNATURE: <i>B. Victor</i>		Date: <i>1/2/05</i> Daytime Phone #: <i>(305) 558-7160</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

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