2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000020165

1. Entity Name
JLM PROPERTIES, LLC

Principal Place of Business	Mailing Address
6450 WEST 21 COURT SUITE 205 HIALEAH, FL 33016 US	6450 WEST 21 COURT SUITE 205 HIALEAH, FL 33016 US

DO NOT WRITE IN THIS SPACE

01182006 No Chg-LLC CR2E083 (11/05)

4. FEI Number
58-2501753

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

VICTORES, BARBARA
6450 WEST 21 COURT
SUITE 205
HIALEAH, FL 33016

DO NOT WRITE IN THIS SPACE

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

Filing Fee is $50.00
Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	VICTORES, BARBARA
STREET ADDRESS	6450 WEST 21 COURT SUITE 205
CITY-ST-ZIP	HIALEAH, FL 33012
TITLE	MGR
NAME	VICTORES, LORENZO
STREET ADDRESS	6450 WEST 21 COURT SUITE 205
CITY-ST-ZIP	HIALEAH, FL 33012
TITLE	MGRM
NAME	JLM INVESTMENTS, L.P.
STREET ADDRESS	6450 WEST 21 COURT SUITE 205
CITY-ST-ZIP	HIALEAH, FL 33012
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000432982
02/23/06-80091-022 50.00

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: B. Victores 2/9/06 (305) 558-7160
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #