

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 07, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000020165**

1. Entity Name  
**JLM PROPERTIES, LLC**



Principal Place of Business

**6450 WEST 21 COURT  
SUITE 205  
HIALEAH, FL 33016 US**

Mailing Address

**6450 WEST 21 COURT  
SUITE 205  
HIALEAH, FL 33016 US**



02012008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

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**

B. 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 \$138.75  
After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
VICTORES, BARBARA  
6450 WEST 21 COURT SUITE 205  
HIALEAH, FL 33012**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
VICTORES, LORENZO  
6450 WEST 21 COURT SUITE 205  
HIALEAH, FL 33012**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
JLM INVESTMENTS, L.P.  
6450 WEST 21 COURT SUITE 205  
HIALEAH, FL 33012**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**FEB - 1 2008**

Date

Daytime Phone #