

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 23, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000031343

1. Entity Name
JLMTREK, LLC



Principal Place of Business
4050 WEST MEMORIAL ROAD
3RD FLOOR
OKLAHOMA CITY, OK 73120 US

Mailing Address
4050 WEST MEMORIAL ROAD
3RD FLOOR
OKLAHOMA CITY, OK 73120 US



08012006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1035789

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAUSER, ERICH
1498 CONSTITUTION PLACE
TALLAHASSEE, FL 32308

**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 September 6, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME HARVEY, JOHN R M.D.
STREET ADDRESS 4050 WEST MEMORIAL ROAD, 3RD FLOOR
CITY-ST-ZIP OKLAHOMA CITY, OK 73120

TITLE MGRM
NAME HAUSER, TIMOTHY M.D.
STREET ADDRESS 4050 WEST MEMORIAL ROAD, 3RD FLOOR
CITY-ST-ZIP OKLAHOMA CITY, OK 73120

TITLE MGRM
NAME KIPPERMAN, ROBERT M M.D.
STREET ADDRESS 4050 WEST MEMORIAL ROAD, 3RD FLOOR
CITY-ST-ZIP OKLAHOMA CITY, OK 73120

TITLE MGRM
NAME COOK, JEFFREY A M.D.
STREET ADDRESS 950 N. PORTER AVE.
CITY-ST-ZIP NORMAN, OK 73071

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000575082
08/23/06-80003-002 50.00

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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

Date

Daytime Phone #

8-21-06