

**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
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**DO NOT WRITE IN THIS SPACE**



08012006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1035789	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00**  
**Due by September 6, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HARVEY, JOHN R M.D. 4050 WEST MEMORIAL ROAD, 3RD FLOOR OKLAHOMA CITY, OK 73120
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAUSER, TIMOTHY M.D. 4050 WEST MEMORIAL ROAD, 3RD FLOOR OKLAHOMA CITY, OK 73120
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KIPPERMAN, ROBERT M M.D. 4050 WEST MEMORIAL ROAD, 3RD FLOOR OKLAHOMA CITY, OK 73120
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COOK, JEFFREY A M.D. 950 N. PORTER AVE. NORMAN, OK 73071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000575082  
 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:  8-21-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #