#### 2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L04000031986

JFM CONSULTING, LLC



Principal Place of Business

Mailing Address

2516 6TH COURT EAST ELLENTON, FL 34222 US 5401 CENTRAL AVE

SAINT PETERSBURG, FL 33710

**FILED** Apr 02, 2007 08:00 AM Secretary of State



#### DO NOT WRITE IN THIS SPACE

02162007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1050511

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

MCATEE, CAROL 5401 CENTRAL AVENUE ST. PETERSBURG, FL 33710

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|    | The above named entity submits this statement for the purpose of changing its registered office or reg the obligations of registered agent. | istered agent, or both, in the | he State of Florida. | I am familiar with, and accept |
|----|---|--------------------------------|----------------------|--------------------------------|
| SI | GNATURE   |                                |                      |                                |

(NOTE Registered Agent signature required when reinstating)

# Filing Fee is \$50.00 Due by May 1, 2007

| 9.              | 9. MANAGING MEMBERS/MANAGERS |  |  |
|-----------------|------------------------------|--|--|
| TITLE           | MGRM                         |  |  |
| NAMC            | MCCARTHY, JAMES F            |  |  |
| STREET ADDRESS  | 2516 6TH COURT EAST          |  |  |
| CHY-ST-ZIF      | ELLENTON, FL 34222           |  |  |
| TITLE           |                              |  |  |
| NAME            |                              |  |  |
| STREET ADDINESS |                              |  |  |
| CITY-ST-ZIP     |                              |  |  |
| TITLE           |                              |  |  |
| NAME            |                              |  |  |
| STREET ADDRESS  |                              |  |  |
| CHY-ST-ZIP      |                              |  |  |
| TITLE           |                              |  |  |
| NAME            |                              |  |  |
| STREET ADDRESS  |                              |  |  |
| CITY-ST-ZIP     |                              |  |  |
| TITLE           |                              |  |  |
| NAME            |                              |  |  |
| STREET ADDRESS  |                              |  |  |
| CITY-ST-ZIP     |                              |  |  |
| TITLE           |                              |  |  |
| NAML            |                              |  |  |
| STREET ADDRESS  | ,                            |  |  |
| CITY+SI-ZIP     |                              |  |  |
| 44 11 1         |                              |  |  |

U00000683952 04/06/07-80013-014 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.