


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L04000032568
 1. Entity Name
 JBM VENTURES, LLC



Principal Place of Business
 PO BOX 4182
 ALBANY, NY 12204

Mailing Address
 PO BOX 4182
 ALBANY, NY 12204



01302006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 20-1065317

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 INCORPORATING SERVICES, LTD
 1540 GLENWAY DRIVE
 TALLAHASSEE, FL 32301

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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 May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TOOMEY, JAMES 200 S MAIN AVE ALBANY, NY 12208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CORCIONE, ROBERT 33 NORBRICK DR ALBANY, NY 12205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALVARO, MICHAEL PO BOX 4182 ALBANY, NY 12204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 02/23/06-80077-004 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: Michael Alvaro
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date: 2/13/06 Daytime Phone # _____

MICHAEL ALVARO managing member