


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000032568 1. Entity Name JBM VENTURES, LLC	
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Principal Place of Business PO BOX 4182 ALBANY, NY 12204	Mailing Address PO BOX 4182 ALBANY, NY 12204
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DO NOT WRITE IN THIS SPACE



01072007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1065317	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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

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

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
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 01/23/07-80003-019 50.00

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:  DATE: 1/13/07 DAYTIME PHONE #: 518-438-8987

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

Michael Alvaro
PO Box 4182
Albany, N.Y. 12204