## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L04000032568

Entity Name: JBM VENTURES, LLC

Title:

Title:

Name: Address:

Name:

Address:

City-St-Zip:

City-St-Zip:

MGRM

MGRM

() Delete

() Delete

CORCIONE, ROBERT

33 NORBRICK DR

ALBANY, NY 12205

ALVARO, MICHAEL

ALBANY, NY 12204

PO BOX 4182

FILED Apr 21, 2009 Secretary of State

() Change () Addition

() Change () Addition

**Current Principal Place of Business: New Principal Place of Business:** PO BOX 4182 150 ROSEMONT STREET ALBANY, NY 12204 ALBANY, NY 12204 **Current Mailing Address: New Mailing Address:** PO BOX 4182 ALBANY, NY 12204 FEI Number: 20-1065317 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NATIONSCORP REGISTERED AGENTS, INC. 526 EAST PARK AVENUE US TALLAHASSEE, FL 32301 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. SIGNATURE: ALISON HAND 04/21/2009 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM () Delete Title: () Change () Addition TOOMEY, JAMES Name: Name: Address: 200 S MAIN AVE Address: City-St-Zip: ALBANY, NY 12208 City-St-Zip:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 MGRM 04/21/2009