## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L04000037080

1. Entity Name
J.M.B. HOLDINGS, LLC

FILED Mar 08, 2006 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

25039 PINEWATER COVE LANE BONITA SPRINGS, FL 34134 25039 PINEWATER COVE LANE BONITA SPRINGS, FL 34134



02162006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 32-0123665 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LAW, LESTER B 5551 RIDGEWOOD DRIVE SUITE 501 NAPLES, FL 34108

## 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.	Signature, typed or printed rame of experienced apent and talls if approache.	(NOTE: Registered Agent agniture required when reinstating)	LATE
F	liing Fee is \$50.00 ue by May 1, 2006		:
7.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS	P BARNES, JAMES M 25039 PINEWATER COVE LANE		
CXTY-SI-ZP	BONITA SPRINGS, FL 34134		
TITLE NAME STREET ADDRESS ETTY-ST-ZIP			000000459446 03/18/06-80033-020 50.00
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CITY-ST-ZP		טט	NOT WRITE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			i
TITLE HAME STREET ADDRESS			

11. I hereby certify that the information supplied with this fitting 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 logal effect as if made under cath, 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:

**AIGNATURE AND 1** 

CTTY-ST-ZIP

FED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

6/06 919-730-

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