

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 21, 2005 8:00 am**  
**Secretary of State**

04-21-2005 90025 041 \*\*\*\*50.00

<b>DOCUMENT # L04000037151</b>					
<b>1. Entity Name</b> JMC INTERNATIONAL, LLC					
<b>Principal Place of Business</b> 2595 TAMPA RD, STE J PALM HARBOR, FL 34684			<b>Mailing Address</b> 2595 TAMPA RD, STE J PALM HARBOR, FL 34684		
<b>2. Principal Place of Business</b> 217 CORONADO DR.		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> CLEARWATER BEACH, FL		<b>City &amp; State</b>		<b>4. FEI Number</b> 20-1173995	
<b>Zip</b> 33767-2431		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  SAKELLARIDES, JOHN M 2595 TAMPA RD, STE J PALM HARBOR, FL 34684			<b>7. Name and Address of New Registered Agent</b>		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) _____ <b>DATE</b> _____					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
[Empty Row]			MGRM Chris BUCHAN 217 CORONADO DR. CLEARWATER BEACH, FL 33767-2431		
[Empty Row]			MGRM John SAKELLARIDES 2595 TAMPA ROAD, SUITE J PALM HARBOR, FL 34684		
[Empty Row]			MGRM MARK HERDMAN 2595 TAMPA RD, SUITE J PALM HARBOR, FL 34684		
[Empty Row]			[Empty Row]		
[Empty Row]			[Empty Row]		
[Empty Row]			[Empty Row]		
<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.</b>					
<b>SIGNATURE:</b>			4/1/05 (727) 447-3773		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					