


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 26, 2007 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # L04000041730 1. Entity Name JMM POINTE WEST, LLC |  |
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| | |
|---|---|
| Principal Place of Business 1001 THIRD AVE. WEST SUITE 600 BRADENTON FL 34205 | Mailing Address 1001 THIRD AVE. WEST SUITE 600 BRADENTON FL 34205 |
|---|---|



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|---|---|
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|---|---|

1st MOORE CR2E083 (10/06)

| | | | |
|--------------|--------------|------------------------------------|--|
| City & State | City & State | 4. FEI Number 20-1443968 | Applied For <input type="checkbox"/> Not Applicable |
| Zip | Country | Zip | Country |

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|---|---------------------------------------|

| | |
|---|--|
| 6. Name and Address of Current Registered Agent BLALOCK, WALTERS, HELD & JOHNSON, P.A. 802 11TH STREET WEST BRADENTON FL 34205 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City |
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| | |
|----|----------|
| FL | Zip Code |
|----|----------|

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 _____

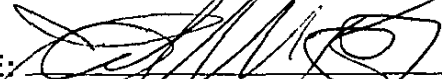
FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

| 9. MANAGING MEMBERS/MANAGERS | |
|------------------------------|--------------------------------------|
| TITLE | MGRM <input type="checkbox"/> Delete |
| NAME | MCKAY, JOHN M |
| STREET ADDRESS | 1001 THIRD AVENUE WEST SUITE 600 |
| CITY- ST- ZIP | BRADENTON FL 34205 |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |

| 10. ADDITIONS/CHANGES | |
|-----------------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |

U00000734274 Change Addition
 05/09/07-80119-023 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  4-23-07 9419472777
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #