

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000051006

FILED
Aug 02, 2006
Secretary of State

Entity Name: JSM AT COLLEGE POINTE PHASE IV, LLC

Current Principal Place of Business:

9000 COLBY DRIVE
FORT MYERS, FL 33919

New Principal Place of Business:

Current Mailing Address:

9000 COLBY DRIVE
FORT MYERS, FL 33919

New Mailing Address:

FEI Number: 20-1336351 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

TROIANO, JOSEPH A
2320 FIRST STREET, STE. 1000
FORT MYERS, FL 33901 US

Name and Address of New Registered Agent:

MORRIS, JACK
9000 COLBY DRIVE
FORT MYERS, FL 33919 US

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: JACK MORRIS

08/02/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FLAIM, DOUG
Address: 9000 COLBY DRIVE
City-St-Zip: FORT MYERS, FL 33919

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MORRIS, JACK
Address: 1260 STELTON ROAD
City-St-Zip: PISCATAWAY, NJ 08854

Title: MGRM () Change (X) Addition
Name: WEINGARTEN, SHERYL
Address: 1260 STELTON ROAD
City-St-Zip: PISCATAWAY, NJ 08854

I hereby certify that the information supplied with this filing does not qualify for the 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: SHERYL WEINGARTEN

MGRM

08/02/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date