

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000061701

Entity Name: JMC CONSULTANTS, LLC

FILED
Jan 07, 2005
Secretary of State

Current Principal Place of Business:

6214 SW 131 COURT
104
M, F 33183 US

New Principal Place of Business:

13095 SW 133 CT
MIAMI, FL 33186 US

Current Mailing Address:

PO BOX 652137
MIAMI, F 33265 US

New Mailing Address:

FEI Number: 34-2012173

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERNANDEZ, JUAN C
6214 SW 131 CT
104
MIAMI, FL 33183 US

Name and Address of New Registered Agent:

FERNANDO POMARES &ASSOC.
3431 SW 107 AVE
MIAMI, FL 33165 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: FERNANDO POMARES

01/07/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: HERNANDEZ, JUAN C
Address: 6214 SW 131 CT #104
City-St-Zip: MIAMI, F 33183 US

Title: MGR () Delete
Name: HERNANDEZ, ANNETTE M
Address: 5151 COLLINS AVE #1226
City-St-Zip: MIAMIBEACH, FL 33140

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HERNANDEZ, JUAN C
Address: PO BOX 652137
City-St-Zip: MIAMI, FL 33265 US

Title: MGR (X) Change () Addition
Name: HERNANDEZ, ANNETTE M
Address: PO BOX 652137
City-St-Zip: MIAMI, FL 33265

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JUAN C. HERNANDEZ

MGRM

01/07/2005

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