2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2006 8:00 am
Secretary of State
01-12-2006 90038 042 ****50.00

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1. Entity Name
JJM LLC

01062006 Chg-LLC CR2E083 (11/05)

Principal Place of Business	Mailing Address
21561 PELICAN SOUND DRIVE #103 ESTERO, FL 33928	21561 PELICAN SOUND DRIVE #103 ESTERO, FL 33928

2. Principal Place of Business		3. Mailing Address	
21869 Masters Cir		P.O. Box 390	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Estero FL		City & State: Estero FL	
Zip: 33928	Country: LEE	Zip: 33928	Country: LEE

4. FEI Number: NOT APPLICABLE — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MAHER, JAMES J
21561 PELICAN SOUND DRIVE #103
ESTERO, FL 33928

7. Name and Address of New Registered Agent

Name: James Maher
Street Address (P.O. Box Number is Not Acceptable): 21869 Masters Circle
City: Estero FL Zip Code: 33928

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: JMaher DATE: 1/10/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAHER: JAMES J 21561 PELICAN SOUND DRIVE #103 ESTERO, FL 33928	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing 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 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: JMaher James Maher 1/10/06 240-344-1029
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #