2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

NAME STREET ADDRESS CHY-ST-ZIP

SIGNATURE:

Jan 22, 2007 8:00 am **Secretary of State** DOCUMENT # L04000085549 01-22-2007 90146 036 ****50.00 JBM OF NOKOMIS, LLC Principal Place of Business Mailing Address 60004389 15 PARADISE PLACE, NO. 164 15 PARADISE PLACE, NO. 164 SARASOTA, FL 34239 SARASOTA, FL 34239 01052007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number **NOT APPLICABLE** Not Applicable \$5.00 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent FELDMAN, MARC H DO NOT WRITE 3908 26TH STREET WEST BRADENTON, FL 34205 IN THIS SPACE 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. 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, 2007 MANAGING MEMBERS/MANAGERS 9. MGR TITLE NAME PELLETZ, MARC S STREET ADDRESS 15 PARADISE PLACE, NO. 164 CITY-ST-ZIP SARASOTA, FL 34239 TITLE NAME STREET ADDRESS CITY-ST-ZIP ПЛЕ NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP MILE

FILED

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 eath; 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE