
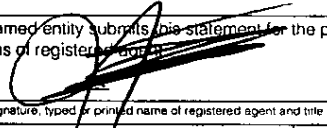
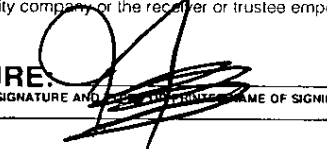


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 08, 2005 8:00 am
Secretary of State

09-08-2005 90013 021 ****55.00

DOCUMENT # L05000001341 1. Entity Name JMF ENTERPRISES, LLC					
Principal Place of Business 712 ARUNDEL CIRCLE FORT MYERS, FL 33913			Mailing Address 712 ARUNDEL CIRCLE FORT MYERS, FL 33913		
2. Principal Place of Business 8123 Pacific Beach Suite, Apt. #, etc. Dr		3. Mailing Address 8123 Pacific Beach Dr Suite, Apt. #, etc.			
City & State Fort Myers, FL		City & State Fort Myers, FL		4. FEI Number 75-3177315	
Zip 33912		Country US		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FLEMING, JAI-SHA 712 ARUNDEL CIRCLE FORT MYERS, FL 33913			7. Name and Address of New Registered Agent Name Jai-Sha Fleming Street Address (P.O. Box Number is Not Acceptable) 8123 Pacific Beach Drive City Fort Myers FL Zip Code 33912		
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					
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FLEMING, JAI-SHA 712 ARUNDEL CIRCLE FORT MYERS, FL 33913	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Jai-Sha Fleming 8123 Pacific Beach Dr Fort Myers, FL 33912	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify 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 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 			Date 9-5-05 Daytime Phone # 239-851-6504		