


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90305 020 ***150.00

DOCUMENT # L05000008444

1. Entity Name
JME LAND MANAGEMENT, LLC



Principal Place of Business Mailing Address
 2219 PALMVIEW CIRCLE 2219 PALMVIEW CIRCLE
 AUBURNDALE, FL 33823 US AUBURNDALE, FL 33823 US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
111 6TH ST N.W **9482 WATERFORD OAKS DRIVE**

City & State City & State
WINTER HAVEN FL **WINTER HAVEN FL**
 Zip Country Zip Country
33881 **POIK** **33884** **POIK**

6. Name and Address of Current Registered Agent
HAFF, TULA M ESQUIRE
3399 CYPRESS GARDENS ROAD
SUITE C
WINTER HAVEN, FL 33884



01152007 Chg-LLC CR2E083 (12/06)

4. FEI Number Applied For
20-2274657 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|---------------------------|-----------------------------|-----------------------------|---------------------------------|
| | MGRM | | | |
| | ESPOSITO, JOSEPH M | 2219 PALMVIEW CIRCLE | AUBURNDALE, FL 33823 | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

10. ADDITIONS/CHANGES

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|--------------------------|----------------------------------|------------------------------|-------------------------------------|-----------------------------------|
| | MGRM | | | | |
| | ESPOSITO JOSEPH M | 9482 WATERFORD OAKS DRIVE | WINTER HAVEN FL 33884 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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: _____ **3/22/07** **863-293-6747**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #