

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 11, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000015359 1. Entity Name J.M.T. L.L.C.	
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Principal Place of Business 10354 OSPREY TRACE WEST PALM BEACH, FL 33412 US	Mailing Address 10354 OSPREY TRACE WEST PALM BEACH, FL 33412 US
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DO NOT WRITE IN THIS SPACE



05092007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2341304	Applied For Not Applicable
5. Certificate of Status Desired ☒	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent UNITED STATES CORPORATION AGENTS, INC. 1111 LINCOLN RD SUITE 400 MIAMI BEACH, FL 33139
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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.

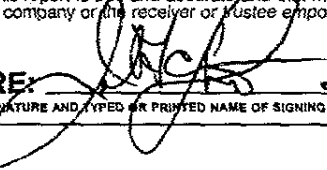
SIGNATURE _____ (NOTE: Registered Agent signature required when re-issuing) DATE _____

Filing Fee is \$50.00
Due by September 14, 2007

000000768428
07/12/07-80011-016 55.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHOYNOWSKI, JOHN F 10354 OSPREY TRACE WEST PALM BEACH, FL 33412
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHOYNOWSKI, MARIE E 10354 OSPREY TRACE WEST PALM BEACH, FL 33412
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHOYNOWSKI, TYLER J 10354 OSPREY TRACE WEST PALM BEACH, FL 33412
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CONTINI, GAETANO 5723 HIGHFLYER ROAD SOUTH PALM BEACH GARDENS, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CONTINI, GIOVANNI 5723 HIGHFLYER ROAD SOUTH PALM BEACH GARDENS, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CONTINI, MICHAELLA 5723 HIGHFLYER ROAD SOUTH PALM BEACH GARDENS, FL 33418

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:  John F. Choynowski 7/2/07 732 7782811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

**DO NOT WRITE
IN THIS SPACE**