2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000022865

1. Entity Name
JMB INVESTMENTS, LLC



FILED Apr 22, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

2126 SW 49TH STREET CAPE CORAL, FL 33914 US

2126 SW 49TH STREET CAPE CORAL, FL 33914

L 33914 US



DO NOT WRITE IN THIS SPACE

04022008 No Chg-LLC

CR2E083 (12/07)

4. FE! Number 76-0783910 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BETZ, THERESA A 2126 SW 49TH STREET CAPE CORAL, FL 33914

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The above named entity submits this statement for the purpose of char the obligations of registered agent.	nging its registered office or registered agent, or bot	h, in the State of Florida. I am familiar with, and accept
SIGNATURE		
Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE HOOGOOD 1 4 1 D D

FILE NOWIII FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

05/08/08-80047-002 138.75

MANAGING MEMBERS/MANAGERS **MGRM** TITLE BETZ, THERESA A NAME 2126 SW 49TH STREET STREET ADDRESS CITY-ST-ZIP CAPE CORAL, FL 33914 TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CFTY-ST-ZIP TIFLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

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 smpowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

ED OR PRINTED NAME OF SKONING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

04-14-08 239-246-8256

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TheresA A Betz