

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000026515

Entity Name: JMT PROPERTIES, LLC

FILED
Jan 12, 2007
Secretary of State

Current Principal Place of Business:

299 ORCHARD ST.
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 731511
ORMOND BEACH, FL 32173-151

New Mailing Address:

FEI Number: 04-3808994

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLLINS, JASON
5 BEAGLES REST
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PORTER, PAUL B JR.
Address: 1000 SHOCKNEY DRIVE
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGRM () Delete
Name: NAVARRA, WILLIAM
Address: 224 CHIPPEWA CIRCLE
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGRM () Delete
Name: COLLINS, JASON R
Address: 5 BEAGLES REST
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JASON COLLINS

MGRM

01/12/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date