FILED
2006 FEB -7 AM 9:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000050972

1. Entity Name
JMC VENTURES, LLC

BK

900065405219

01312006 Chg-LLC CR2E083 (11/05)

Principal Place of Business	Mailing Address
5720 AVERY ROAD DUBLIN, OH 43016	5720 AVERY ROAD DUBLIN, OH 43016

2. Principal Place of Business		3. Mailing Address	
7001 Post Road		7001 Post Road	
Suite, Apt. #, etc.: Suite 200		Suite, Apt. #, etc.: Suite 200	
City & State: Dublin Ohio		City & State: Dublin Ohio	
Zip: 43016	Country: USA	Zip: 43016	Country: USA

4. FEI Number 01-0852610 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	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 ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FREAUNBERG, JAMES H 5720 AVERY ROAD DUBLIN, OH 43016	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[signature]	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LENHART, MICHAEL W 5720 AVERY ROAD DUBLIN, OH 43016	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[signature]	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] 2/7/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | Date | Daytime Phone #

CORPORATION SERVICE COMPANY

L05000050972

ACCOUNT NO. : 072100000032

REFERENCE : 855915 4320855

AUTHORIZATION

COST LIMIT : $ 50.00

FILED
2006 FEB -7 AM 9:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : February 7, 2006

ORDER TIME : 2:42 PM

ORDER NO. : 855915-005

CUSTOMER NO: 4320855

RECEIVED
06 FEB -7 PM 4:14
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: JMC VENTURES, LLC

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward-EXT#2935

EXAMINER'S INITIALS: _____