2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# L05000050972

Entity Name: JMC VENTURES, LLC

Current Principal Place of Business:

7001 POST ROAD, SUITE 200
DUBLIN, OH 43016

New Principal Place of Business:

7001 POST ROAD
SUITE 110
DUBLIN, OH 43016

Current Mailing Address:

7001 POST ROAD, SUITE 200
DUBLIN, OH 43016

New Mailing Address:

7001 POST ROAD
SUITE 110
DUBLIN, OH 43016

FEI Number: 01-0852610 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: MGR ( ) Delete
Name: FRAUENBERG, JAMES H
Address: 7001 POST ROAD SUITE 200
City-St-Zip: DUBLIN, OH 43016

Title: MGR ( ) Delete
Name: LENHART, MICHAEL W
Address: 7001 POST ROAD
City-St-Zip: DUBLIN, OH 43016

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: FRAUENBERG, JAMES H
Address: 7001 POST ROAD SUITE 110
City-St-Zip: DUBLIN, OH 43016

Title: MGR (X) Change ( ) Addition
Name: LENHART, MICHAEL W
Address: 7001 POST ROAD SUITE 110
City-St-Zip: DUBLIN, OH 43016

I hereby certify that the information supplied with this filing does not qualify 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: MICHAEL W LENHART MGR 04/28/2009

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