

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000062351

FILED  
May 04, 2006  
Secretary of State

Entity Name: JM DESIGN ENTERPRISES, L.L.C.

**Current Principal Place of Business:**

7815 SW 88 STREET, SUITE E-228  
MIAMI, FL 33156

**New Principal Place of Business:**

7370 SW 82 ST.  
SUITE E-119  
MIAMI, FL 33143

**Current Mailing Address:**

7815 SW 88 STREET, SUITE E-228  
MIAMI, FL 33156

**New Mailing Address:**

7370 SW 82 ST.  
SUITE E-119  
MIAMI, FL 33143

FEI Number: 93-5748243      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

LISETTE PIE SALAZAR, ESQ.  
260 CRANDON BLVD., SUITE 48  
KEY BISCAYNE, FL 33149      US

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: MUNIZ, JORGE  
Address: 7815 SW 88 STREET, SUITE E-228  
City-St-Zip: MIAMI, FL 33156

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change ( ) Addition  
Name: MUNOZ, JORGE  
Address: 7370 SW 82 ST. #E-119  
City-St-Zip: MIAMI, FL 33143

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: JORGE MUNOZ

MRG

05/04/2006

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