

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000078635

FILED
Mar 06, 2007
Secretary of State

Entity Name: JMO LLC

Current Principal Place of Business:

2630 NASSAU DRIVE
MIRAMAR, FL 33023

New Principal Place of Business:

Current Mailing Address:

2630 NASSAU DRIVE
MIRAMAR, FL 33023

New Mailing Address:

FEI Number: 20-3521845

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OFFICER, NICHOLA
2630 NASSAU DR
MIRAMAR, FL 33023 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: OFFICER, NICHOLA
Address: 2630 NASSAU DRIVE
City-St-Zip: MIRAMAR, FL 33023

Title: MGR () Delete
Name: OFFICER, MAVIS
Address: 2630 NASSAU DRIVE
City-St-Zip: MIRAMAR, FL 33023

Title: MGR () Delete
Name: OFFICER, DAHLIA
Address: 2630 NASSAU DRIVE
City-St-Zip: MIRAMAR, FL 33023

ADDITIONS/CHANGES:

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

Title: SEC (X) Change () Addition
Name: OFFICER, MAVIS
Address: 2630 NASSAU DRIVE
City-St-Zip: MIRAMAR, FL 33023

Title: SGN (X) Change () Addition
Name: BENNETT, YVETTE
Address: 2630 NASSAU DRIVE
City-St-Zip: MIRAMAR, FL 33023

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: NICHOLA OFFICER

MGR

03/06/2007

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