

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 11, 2006 8:00 am
Secretary of State

03-10-2006 90131 023 ****50.00

DOCUMENT # L05000080151					
1. Entity Name JMM INVESTMENTS II, LLC					
Principal Place of Business 4400 N.W. 19TH AVENUE, SUITE K POMPANO BEACH FL 33064			Mailing Address 4400 N.W. 19TH AVENUE, SUITE K POMPANO BEACH FL 33064		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent BLOCK, SAMUEL A 3339 CARDINAL DRIVE, SUITE 200 VERO BEACH FL 32963				7. Name and Address of New Registered Agent Name: <u>Marcel Rosen</u> Street Address (P.O. Box Number is Not Acceptable): <u>4400 NW 19 Av. #K</u> City: <u>Pompano Beach</u> FL Zip Code: <u>33064</u>	
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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006					
9. MANAGING MEMBERS/MANAGERS					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	
	Manager/President/Director	Marcel Rosen	4400 NW 19th Ave. Suite K		
		Pompano Beach	FL 33064		
	Member/Secretary/Treas./Dir.	Janice Rosen	4400 NW 19th Ave. Suite K		
		Pompano Beach	FL 33064		
				<input type="checkbox"/> Delete	
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10. ADDITIONS/CHANGES					
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____ 3/3/06					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					