

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000082721

FILED
Jan 03, 2006
Secretary of State

Entity Name: JMZ LAND INVESTMENTS, LLC

Current Principal Place of Business:

314 EAST PLANT STREET
WINTER GARDEN, FL 34778

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 783454
WINTER GARDEN, FL 34778

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: JOSEPH, JENNIFER
Address: 314 EAST PLANT STREET
City-St-Zip: WINTER GARDEN, FL 34778

Title: MGR () Delete
Name: ZAKHARY, PETER
Address: 314 EAST PLANT STREET
City-St-Zip: WINTER GARDEN, FL 34778

Title: ST () Delete
Name: MCGRAW, JON
Address: 314 EAST PLANT STREET
City-St-Zip: WINTER GARDEN, FL 34778

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: JOSEPH, FREDRICK L
Address: 314 EAST PLANT STREET
City-St-Zip: WINTER GARDEN, FL 34778

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

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: JENNIFER JOSEPH

MGR

01/03/2006

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