2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000083407

1. Entity Name

JMB ENTERPRISES - 2532 S. FERNCREEK AVENUE, LLC



FILED
May 01, 2008 08:00 AN
Secretary of State

Principal Place of Business

Mailing Address

2631 S. FERNCREEK AVENUE ORLANDO, FL 32806

2631 S. FERNCREEK AVENUE ORLANDO, FL 32806



04292008 No Chg-LLC

CR2E083 (12/07)

Fee Required

4. FEI Number			Applied For
NOT APPLICABLE			Not Applicable
5. Certificate of Status Desired	П	\$5.00	Additional

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

BURRILL, JOHN M 2631 S. FERNCREEK AVENUE ORLANDO, FL FL

DO NOT WRITE IN THIS SPACE

the obligat	named entity submits this statement for the purpose of char ions of registered agent.	nging its registered office or registered agent, or b	oth, in the State of Florida I am familiar with, and accept	
SIGNATURE.	FURE Signature: Typed or printed name of registered agent and title 4 applicable (NOTE: Registered Agent signature reduced when reinstating)		DATE	
FILE After May	NOW!!! FEE IS \$138.75 / 1, 2008 Fee will be \$538.75			
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JMB ENTERPRISES MANAGEMENT, LLC 2631S. FERNCREEK AVENUE ORLANDO, FL 32806		U00000941631 05/28/03-80115-004 138.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			US/20/US-5UIIS-UU4 ISS.13	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		·		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: (

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4 28 08

(321)689-1800

Daytime Phone #