2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000096901

1. Entity Name

DM & JM INVESTMENT GROUP, LLC



FILED Apr 07, 2008 08:00 Al Secretary of State

Principal Place of Business

Mailing Address

16340 BRIDLEWOOD CIRCLE DELRAY BEACH, FL 33445

16340 BRIDLEWOOD CIRCLE DELRAY BEACH, FL 33445



DO NOT WRITE IN THIS SPACE

03312008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 33-1124328

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

YAFFA, DOREEN 16340 BRIDLEWOOD CIRCLE DELRAY BEACH, FL 3445

DO NOT WRITE IN THIS SPACE

8.	The above named entity submits this statement	nt for the purpose of changing i	its registered office or registe	red agent, or both, in the Stat	te of Florida.	i am familiar with, a	and accept
	the obligations of registered agent.	•					

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

_____U00000882256 04/16/08-80031-013 138.75

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS		为了"本方"的"是是是是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM YAFFA, DOREEN 16340 BRIDLEWOOD CIRCLE DELRAY BEACH, FL 33445					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WEISSMAN, JOEL 515 N. FLAGLER DRIVE, SUITE 1100 WEST PALM BEACH, FL 33401					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	DO NOT WRITE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE				
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NAME STREET ADDRESS CITY - ST-ZIP	The a treatment of the Control of th					
11. Thereby certify that the information supprified 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 it made under oath; that I am a managing member or manager of the limited liability company or the ecciver or rustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

SIGNAT PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE