

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jul 07, 2008 8:00 am**  
**Secretary of State**

07-07-2008 90072 019 \*\*\*143.75

**DOCUMENT # L05000106752**

1. Entity Name  
**JNM HOLDINGS, LLC**



Principal Place of Business  
 1717 SOUTH ORANGE  
 SUITE 100  
 ORLANDO, FL 32806

Mailing Address  
 1717 SOUTH ORANGE  
 SUITE 100  
 ORLANDO, FL 32806

**50007930**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address  
**1111 S. orange ave**

Suite, Apt. #, etc.

**1111 S. ORANGE AVE 3rd floor**

Suite, Apt. #, etc.

**3rd floor**

07022008 Chg-LLC CR2E083 (12/06)

City & State

**Orlando FL**

City & State

**Orlando FL**

4. FEI Number

**27-0136007**

Applied For

Not Applicable

Zip

**32806**

Country

**USA**

Zip

**32806**

Country

**USA**

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHEIKH, JAVAID S  
 1717 S. ORANGE AVE  
 SUITE 100  
 ORLANDO, FL 32806

Name **SHEIKH JAVAID**

Street Address (P.O. Box Number is Not Acceptable)

**1111 S. orange ave, 3rd floor**

City **Orlando**

FL

Zip Code **32806**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75**  
**Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM  Delete  
 NAME SHEIKH, JAVAID  
 STREET ADDRESS 1717 SOUTH ORANGE AVENUE, SUITE 100  
 CITY-ST-ZIP ORLANDO, FL 32806

TITLE  Change  Addition  
 NAME **SHEIKH, JAVAID**  
 STREET ADDRESS **1111 S. orange ave 3rd floor**  
 CITY-ST-ZIP **Orlando FL 32806**

TITLE MGRM  Delete  
 NAME SHAUKAT, MUHAMMAD  
 STREET ADDRESS 1717 S. ORANGE AVE, SUITE 100  
 CITY-ST-ZIP ORLANDO, FL 32806

TITLE  Change  Addition  
 NAME **SHAIKAT, MUHAMMAD**  
 STREET ADDRESS **1111 S. orange ave 3rd floor**  
 CITY-ST-ZIP **Orlando, FL 32806**

TITLE MGRM  Delete  
 NAME AHMED, NASIM  
 STREET ADDRESS 1717 S. ORANGE AVE, SUITE 100  
 CITY-ST-ZIP ORLANDO, FL 32806

TITLE  Change  Addition  
 NAME **AHMED, NASIM**  
 STREET ADDRESS **1111 S. ORANGE AVE 3rd FLOOR**  
 CITY-ST-ZIP **ORLANDO, FL 32806**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 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: Jacques

7-2-08

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

Date

Daytime Phone #