

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000110108

Entity Name: JMF SKY VENTURE LLC

FILED  
Apr 29, 2006  
Secretary of State

**Current Principal Place of Business:**

3137 NE 163 STREET  
NORTH MIAMI BEACH, FL 33160

**New Principal Place of Business:**

**Current Mailing Address:**

3137 NE 163 STREET  
NORTH MIAMI BEACH, FL 33160

**New Mailing Address:**

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WOLF, NATALIA  
3137 NE 163 STREET  
NORTH MIAMI BEACH, FL 33160 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: MGRM ( ) Delete  
Name: FRITCH, MAUREEN  
Address: 4 SPINAKER COURT  
City-St-Zip: FORT SALONGA, NY 11768

Title: MGRM ( ) Delete  
Name: WOLF, NATALIA  
Address: 3137 NE 163 STREET  
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: MGRM ( ) Delete  
Name: BRON, IGOR  
Address: 105 WEST 27 STREET 4 FLOOR  
City-St-Zip: NEW YORK, NY 10001

**ADDITIONS/CHANGES:**

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

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

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: NATALIA WOLF

MGRM

04/29/2006

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