


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 10, 2008 08:00 A
Secretary of State

DOCUMENT # L05000116189 1. Entity Name JMMJ, LLC	
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Principal Place of Business 2390 HARTFORD DRIVE SUITE 101 AVON PARK, FL 33825 US	Mailing Address 2390 HARTFORD DRIVE SUITE 101 AVON PARK, FL 33825 US
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DO NOT WRITE IN THIS SPACE



01072008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-3918064	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent MCBROOM, BARRY D 3201 SPARKLING DRIVE SEBRING, FL 33870
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**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

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

U00000778209
01/10/08-80039-025 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR MCBROOM, BARRY D 3201 SPARKLING DRIVE SEBRING, FL 33870
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR MCBROOM, DEBRA S 3201 SPARKLING DRIVE SEBRING, FL 33870
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR JENSEN, DAVID A 2581 LAKEVIEW DRIVE SEBRING, FL 33870
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR JENSEN, PAULINE R 3906 SANTIAGO STREET SEBRING, FL 33872
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Barry MCBroom - BARRY MCBROOM 1/7/2008 863-453-9700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #