
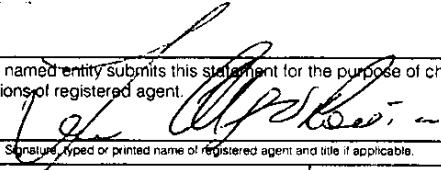
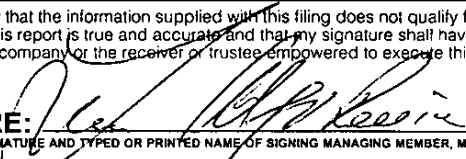


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90177 016 ****50.00

DOCUMENT # L06000008637			
1. Entity Name JNM MANAGEMENT L.C.			
Principal Place of Business 5151 COLLINS AVENUE, STE. 1512 MIAMI BEACH, FL 33140		Mailing Address 5151 COLLINS AVENUE, STE. 1512 MIAMI BEACH, FL 33140	
2. Principal Place of Business - No P.O. Box # 10155 Collins Ave.		3. Mailing Address 10155 Collins Ave	
Suite, Apt. #, etc. #1602		Suite, Apt. #, etc. #1602	
City & State Bal Harbour FL		City & State Bal Harbour FL	
Zip 33154		Country USA	
4. FEI Number 650924302		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MEYEROVICH, JOHN 5151 COLLINS AVENUE, STE. 1512 MIAMI BEACH, FL 33140		Name John Meyerovich Street Address (P.O. Box Number is Not Acceptable) 10155 COLLINS AVE. #1602 City Bal Harbour FL Zip Code 33154	
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 		DATE 3/27/2007	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MEYEROVICH, JOHN 5151 COLLINS AVENUE, STE. 1512 MIAMI BEACH, FL 33140 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Meyerovich, John 10155 Collins Ave #1602 Bal Harbour FL 33154 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MEYEROVICH, OLGA 5151 COLLINS AVENUE, STE. 1512 MIAMI BEACH, FL 33140 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Meyerovich, Olga 10155 Collins Ave # 1602 Bal Harbour FL 33154 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		DATE 3/27/2007 305 866 2412	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	