

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000008637

1. Entity Name
JNM MANAGEMENT L.C.



Principal Place of Business

**10155 COLLINS AVE
STE 1602
BAL HARBOUR, FL 33154**

Mailing Address

**10155 COLLINS AVE
STE 1602
BAL HARBOUR, FL 33154**



02282008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0924302

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MEYEROVICH, JOHN
1015 COLLINS AVENUE, STE. 1602
BAL HARBOUR, FL 33154**

**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 _____

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
After May 1, 2008 Fee will be \$538.75**

U00000397275
04/25/08-80042-002 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MEYEROVICH, JOHN
STREET ADDRESS	10155 COLLINS AVE, SUITE #1602
CITY- ST- ZIP	BAL HARBOUR, FL 33154
TITLE	MGRM
NAME	MEYEROVICH, OLGA
STREET ADDRESS	10155 COLLINS AVE, SUITE #1602
CITY- ST- ZIP	BAL HARBOUR, FL 33154
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____

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

Date

Daytime Phone #