


**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 <b>10155 COLLINS AVE          STE 1602          BAL HARBOUR, FL 33154</b>	Mailing Address <b>10155 COLLINS AVE          STE 1602          BAL HARBOUR, FL 33154</b>
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02282008 No Chg-LLC      CR2E083 (12/07)

4. FEI Number <b>65-0924302</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

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

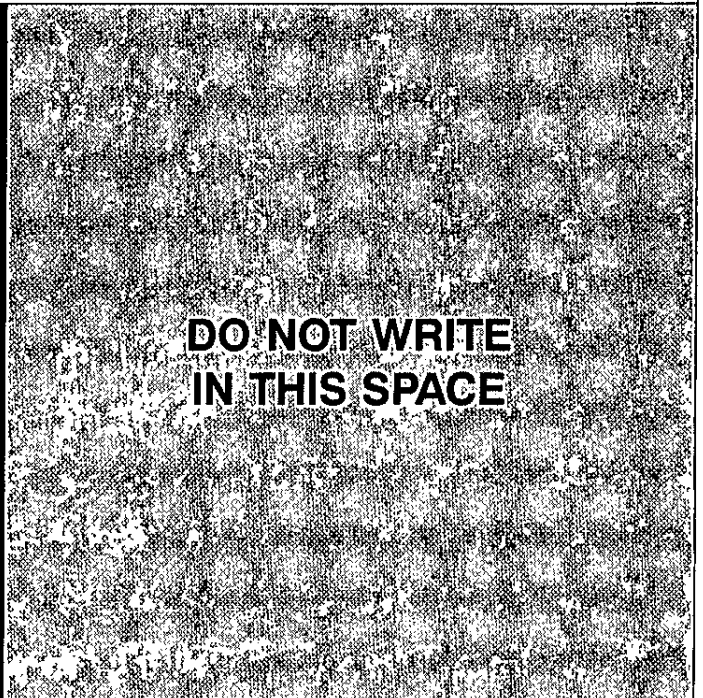
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MEYEROVICH, JOHN 10155 COLLINS AVE , SUITE #1602 BAL HARBOUR, FL 33154</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MEYEROVICH, OLGA 10155 COLLINS AVE, SUITE #1602 BAL HARBOUR, FL 33154</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE 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 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 # \_\_\_\_\_