## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED May 31, 2007 8:00 am Secretary of State 05-03-2007 90251 049 \*\*\*\*50.00

| DOCUMENT # L06000017388  1. Entity Name JML 47, LLC                                                                                                                                                                                                                 |                                                                                                                                    |                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                 | 3\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ |                                   |                                        |                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-----------------------------------|----------------------------------------|----------------------------------------------|
| Principal Place<br>4343 S. STAT<br>SUITE 115<br>FT. LAUDERD                                                                                                                                                                                                         |                                                                                                                                    | Mailing Address 4343 S. STATE ROAD SUITE 115 FT. LAUDERDALE, FL |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | us                                                                                                                                              | <br>                                   | - ~                               |                                        | HI A III                                     |
| 2. Principal Pl                                                                                                                                                                                                                                                     | ace of Business - No P.O. Box #                                                                                                    | 3. Mailing Address                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                 |                                        |                                   |                                        |                                              |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                 |                                                                                                                                    | Suite, Apt. #, etc.                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 05012007                                                                                                                                        | Chg-LLC                                | CR2E083 (12/06)                   |                                        |                                              |
| City & State                                                                                                                                                                                                                                                        |                                                                                                                                    | City & State                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 4. FEI Numb                                                                                                                                     | 320623                                 | <del></del>                       | oplied For<br>of Applicable            |                                              |
| Zip                                                                                                                                                                                                                                                                 | Country Zip C                                                                                                                      |                                                                 | Coun                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ntry                                                                                                                                            | 5. Certificate                         | of Status Desired                 | S5.00 Ad<br>Fee Require                |                                              |
|                                                                                                                                                                                                                                                                     | 6. Name and Address of Current F                                                                                                   | legistered Agent                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | T                                                                                                                                               | 7. Name and                            | Address of New R                  | egistered Agent                        |                                              |
| DANIELLE                                                                                                                                                                                                                                                            | FUSEDH.                                                                                                                            |                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Name                                                                                                                                            | _                                      |                                   |                                        |                                              |
| DANIELLE, JOSEPH<br>4343 S. STATE ROAD 7<br>SUITE 115                                                                                                                                                                                                               |                                                                                                                                    | Street                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Street Address                                                                                                                                  | (P.O. Box Numb                         | er is Not Acceptable              | <b>)</b>                               |                                              |
| FT. LAUDE                                                                                                                                                                                                                                                           | ERDALĘ, FL 33314                                                                                                                   |                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                 | <del> </del>                           |                                   |                                        |                                              |
|                                                                                                                                                                                                                                                                     |                                                                                                                                    |                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | City                                                                                                                                            | <del></del>                            |                                   | FL Zip Coo                             | e                                            |
| 8. The above<br>the obligation                                                                                                                                                                                                                                      | named entity submits this statement for<br>one of registered agent.                                                                | the purpose of changing its                                     | registere                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ed office or regist                                                                                                                             | ered agent, or bo                      | th, in the State of Flo           | rida. I am familiar with               | and accept                                   |
| SIGNATURE _                                                                                                                                                                                                                                                         | Signature, typed or printed name of registered agent a                                                                             | nd little if applicable. (NC)                                   | k: Rogistare                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | d Agent signature renue                                                                                                                         | ed when teinstebing)                   |                                   | DATE                                   |                                              |
| Fil                                                                                                                                                                                                                                                                 | ling Fee is \$50.00<br>se by May 1, 2007                                                                                           |                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                 |                                        |                                   | check payable to<br>Department of Stat | •                                            |
| 9.                                                                                                                                                                                                                                                                  | MANAGING MEMBER                                                                                                                    | TS/MANAGERS                                                     | 10.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                 | <u></u>                                | ADDITIONS/                        | CHANGES                                |                                              |
| TITLE<br>NAME                                                                                                                                                                                                                                                       | MANAGINĞ MEMBER<br>DANIELLE, JOSEPH                                                                                                | C Delete                                                        | TITU                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | E                                                                                                                                               |                                        |                                   | ☐ Change                               | Addition                                     |
| STREET ADDRESS<br>CITY+ST-ZIP                                                                                                                                                                                                                                       | 4343 S. STATE ROAD<br>FT. LAUDERDALE, FL                                                                                           | 7, SUITE 115                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | EET ADORESS<br>'-ST-7IP                                                                                                                         |                                        |                                   |                                        |                                              |
| TITLE                                                                                                                                                                                                                                                               |                                                                                                                                    | ☐ Deleta                                                        | 1171.1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>I</b>                                                                                                                                        |                                        | <del></del>                       | Change                                 | Addition                                     |
| NAME<br>STREET ADDRESS                                                                                                                                                                                                                                              |                                                                                                                                    |                                                                 | NAM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                 |                                        |                                   |                                        |                                              |
| CITY-ST-ZIP                                                                                                                                                                                                                                                         |                                                                                                                                    |                                                                 | STRE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                 |                                        |                                   |                                        |                                              |
| CHT-SI-DF                                                                                                                                                                                                                                                           | ·                                                                                                                                  |                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | EET ADORESS<br>'-ST-ZIP                                                                                                                         |                                        |                                   |                                        |                                              |
| MILE                                                                                                                                                                                                                                                                |                                                                                                                                    | ☐ Delete                                                        | ឯវប<br>វាប                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | EET ADORESS<br>'-ST-ZIP                                                                                                                         | ····                                   |                                   | ☐ Change                               | Addition                                     |
| TITLE<br>MARKE                                                                                                                                                                                                                                                      |                                                                                                                                    | ☐ Delete                                                        | CITY<br>TITLE<br>NAM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | EET ADORESS<br>'-ST-ZIP                                                                                                                         |                                        |                                   | Change                                 | Addition                                     |
| MILE                                                                                                                                                                                                                                                                |                                                                                                                                    | ☐ Deleta                                                        | DITY<br>TITLE<br>NAM<br>STRE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | EET ADORESS<br>'-ST-ZIP<br>E                                                                                                                    |                                        |                                   | ☐ Change                               | Addition                                     |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                                                               |                                                                                                                                    | ☐ Delete                                                        | DITY TITLE NAM STRE CITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | EET ADDRESS '-ST-ZIP  E LIE LIE LIE LIE LIE LIE LIE LIE LIE                                                                                     |                                        |                                   | ☐ Change                               | Addition                                     |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                                                               |                                                                                                                                    |                                                                 | DITY TITLE NAM STRE CITY TITLE NAM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | EET ADDRESS '-ST-ZIP  E LIE LIE LIE LIE LIE LIE LIE LIE LIE                                                                                     |                                        |                                   |                                        |                                              |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME                                                                                                                                                                                                                    |                                                                                                                                    |                                                                 | CITY TITLE NAM STRE CITY TITLE NAM STRE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | EET ADDRESS ST-ZIP  E  III  EET ADDRESS ST-ZIP  E                                                                                               |                                        |                                   |                                        |                                              |
| TITLE NAME STREET ADDRESS CITY-ST-ZEP TITLE NAME STREET ADDRESS CITY-ST-ZEP TITLE                                                                                                                                                                                   |                                                                                                                                    |                                                                 | TITLE NAM STRE CITY INLL NAM STRE CITY INLL TITLE TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | EET ADDRESS F-ST-ZIP  E IGE EET ADDRESS F-ST-ZIP  E IGE EET ADDRESS F-ST-ZIP  E IGE EET ADDRESS F-ST-ZIP  E                                     |                                        |                                   |                                        |                                              |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                         | ·                                                                                                                                  | ☐ Oelete                                                        | DITY THE NAME STREE CITY THE NAME STREE CITY THE NAME THE NAME NAME NAME NAME NAME NAME NAME NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | EET ADDRESS F-ST-ZIP  E IGE EET ADDRESS F-ST-ZIP  E IGE EET ADDRESS F-ST-ZIP  E IGE EET ADDRESS F-ST-ZIP  E                                     |                                        |                                   | ☐ Change                               | ☐ Addition                                   |
| HITLE MAME STREET ADDRESS CITY-ST-ZEP HITLE MAME STREET ADDRESS CITY-ST-ZEP HITLE MAME                                                                                                                                                                              |                                                                                                                                    | ☐ Oelete                                                        | DITY THE NAME STREET COTY THE NAME STREET COTY THE NAME STREET COTY THE NAME STREET COTY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | EET ADDRESS ST-ZIP  E  IE  EET ADDRESS ST-ZIP  E  IE  EET ADDRESS ST-ZIP  E  EET ADDRESS                                                        |                                        |                                   | ☐ Change                               | ☐ Addition                                   |
| TITLE MAME STREET ADDRESS CITY-ST-ZP TITLE                                                                                                           |                                                                                                                                    | ☐ Oelete                                                        | CITY TITLE NAM STRE CITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | EET ADDRESSST-ZIP  E EE EET ADDRESSST-ZIP  E EE EET ADDRESSST-ZIP E EET ADDRESSST-ZIP E EET ADDRESSST-ZIP E EET ADDRESS                         |                                        |                                   | ☐ Change                               | ☐ Addition                                   |
| TITLE MAME STREET ADDRESS CITY-ST-ZEP TITLE NAME                                                                                                  |                                                                                                                                    | ☐ Oelete                                                        | CITY TITLE NAM STREE CITY TOTAL NAM STREE CITY TITLE NAM STREE CITY TITLE NAM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | EET ADDRESSST-ZIP  E EE EET ADDRESSST-ZIP  E EE EET ADDRESSST-ZIP E EET ADDRESSST-ZIP E EET ADDRESSST-ZIP E EET ADDRESS                         |                                        |                                   | ☐ Change                               | ☐ Addition                                   |
| TITLE NAME STREET ADDRESS CITY-ST- ZP  TITLE                                                                                                   |                                                                                                                                    | ☐ Oelete                                                        | CITY TITLE NAM STREE CITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | EET ADDRESS ST-ZIP  E  EE  EEET ADDRESS ST-ZIP  E  EEET ADDRESS ST-ZIP  E  EEET ADDRESS ST-ZIP  E  EET ADDRESS ST-ZIP  E  EET ADDRESS ST-ZIP  E |                                        |                                   | ☐ Change                               | ☐ Addition                                   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  11. I Thereby c indicated | certify that the information supplied with<br>on this report is true and accurate and<br>bility company or the raceiver or trustee | Delete  Delete  Delete  Delete  Delete                          | CITY TITLE NAM STRE CITY T | EET ADDRESSST-ZP  E  E  E  E  E  E  E  E  E  E  E  E  E                                                                                         | made under öatt<br>ipter 608, Florida  | n; that I am a manag<br>Statules. | Change Change Change                   | Addition Addition Addition Addition Addition |