

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 31, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90251 049 \*\*\*\*50.00

<b>DOCUMENT # L06000017388</b> 1. Entity Name <b>JML 47, LLC</b>																																																																																																									
Principal Place of Business <b>4343 S. STATE ROAD 7 SUITE 115 FT. LAUDERDALE, FL 33314 US</b>			Mailing Address <b>4343 S. STATE ROAD 7 SUITE 115 FT. LAUDERDALE, FL 33314 US</b>																																																																																																						
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country		<div style="text-align: right; font-weight: bold; font-size: 1.2em;">3000000</div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <span>05012007    Chg-LLC    CR2E083 (12/06)</span> </div> <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border: 1px solid black; padding: 2px;">             4. FEI Number  <b>20-4320623</b> </div> <div style="border: 1px solid black; padding: 2px; font-size: 0.7em;">             Applied For  <input type="checkbox"/> Not Applicable           </div> </div> <div style="display: flex; align-items: center;"> <div style="flex-grow: 1;">             5. Certificate of Status Desired    <input type="checkbox"/> </div> <div style="border: 1px solid black; padding: 2px; font-size: 0.7em;"> <b>\$5.00</b> Additional Fee Required           </div> </div>																																																																																																					
6. Name and Address of Current Registered Agent  <b>DANIELLE, JOSEPH 4343 S. STATE ROAD 7 SUITE 115 FT. LAUDERDALE, FL 33314</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code																																																																																																					
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.																																																																																																									
SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing)      DATE _____																																																																																																									
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>				<b>Make check payable to Florida Department of State</b>																																																																																																					
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>9. MANAGING MEMBERS/MANAGERS</b> <table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.8em;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">MANAGING MEMBER <input type="checkbox"/> Delete</td> <td style="width: 20%;">NAME</td> <td style="width: 15%;">STREET ADDRESS</td> <td style="width: 15%;">CITY - ST - ZIP</td> </tr> <tr> <td></td> <td>DANIELLE, JOSEPH</td> <td></td> <td>4343 S. STATE ROAD 7, SUITE 115</td> <td>FT. LAUDERDALE, FL 33314</td> </tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> </table> </div> <div style="width: 45%;"> <b>10. ADDITIONS/CHANGES</b> <table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.8em;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%;">STREET ADDRESS</td> <td style="width: 15%;">CITY - ST - ZIP</td> <td style="width: 15%; text-align: right;"> <input type="checkbox"/> Change    <input type="checkbox"/> Addition           </td> </tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> </table> </div> </div>						TITLE	MANAGING MEMBER <input type="checkbox"/> Delete	NAME	STREET ADDRESS	CITY - ST - ZIP		DANIELLE, JOSEPH		4343 S. STATE ROAD 7, SUITE 115	FT. LAUDERDALE, FL 33314																																									TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																													
TITLE	MANAGING MEMBER <input type="checkbox"/> Delete	NAME	STREET ADDRESS	CITY - ST - ZIP																																																																																																					
	DANIELLE, JOSEPH		4343 S. STATE ROAD 7, SUITE 115	FT. LAUDERDALE, FL 33314																																																																																																					
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																					
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.																																																																																																									
<b>SIGNATURE:</b> <i>Joseph Danielle</i> <b>JOSEPH DANIELLE MANAGING MEMBER</b> <b>5-1-7</b> <b>934 493 8952</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #</small>																																																																																																									