

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90130 022 ***138.75

DOCUMENT # L06000035339

1. Entity Name
JGM BANKS ROAD PROPERTY, LLC



Principal Place of Business
**4216 N.W. 61ST COURT
COCONUT CREEK, FL 33073**

Mailing Address
**4216 N.W. 61ST COURT
COCONUT CREEK, FL 33073**

60047506



2. Principal Place of Business - No P.O. Box #
1859 Banks Road

3. Mailing Address
1859 Banks Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04162008 Chg-LLC CR2E083 (12/06)

City & State
Margate, FL

City & State
Margate, FL

4. FEI Number
42-1701911

Applied For
Not Applicable

Zip
33063

Country
USA

Zip
33063

Country
USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**MOTT, JOSEPH G JR.
4216 N.W. 61ST COURT
COCONUT CREEK, FL 33073**

7. Name and Address of New Registered Agent

Name
Mott, Joseph G Jr.

Street Address (P.O. Box Number is Not Acceptable)

1859 Banks Road

City
Margate

FL Zip Code
33063

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 reinstating) DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MOTT, JOSEPH G JR.
4216 N.W. 61ST COURT
COCONUT CREEK, FL 33073** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
Mott, Joseph G Jr.
1859 Banks Road
Margate, FL 33063** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE **Joseph Mott**

04-21-2008 954-770-5757

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

Date

Daytime Phone #