

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 03, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L06000039047</b> 1. Entity Name <b>JM &amp; ASSOCIATES, LLC</b>	
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Principal Place of Business <b>540 KEY DEER BLVD. BIG PINE KEY, FL 33043</b>	Mailing Address <b>29122 CEDAR DR BIG PINE KEY, FL 33043</b>
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01252008No Chg-LLC      CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>30-0363202</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

**MERKEL, HOWARD L  
29122 CEDAR DR  
BIG PINE KEY, FL 33043**

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IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS ~~\$138.75~~  
 After May 1, 2008 Fee will be \$539.75

000000378955  
 04/14/08-80075-023 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE	<b>MGRM</b>
NAME	<b>MERKEL, JACQUELINE</b>
STREET ADDRESS	<b>29122 CEDAR DRIVE</b>
CITY-ST-ZIP	<b>BIG PINE KEY, FL 33403</b>
TITLE	<b>MGRM</b>
NAME	<b>MERKEL, HOWARD</b>
STREET ADDRESS	<b>29122 CEDAR DRIVE</b>
CITY-ST-ZIP	<b>BIG PINE KEY, FL 33403</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE  
IN THIS SPACE

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

SIGNATURE: *Jacqueline J Merkel*      4-1-08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #