

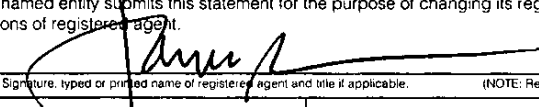
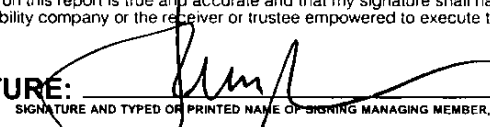


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90026 025 ****55.00

DOCUMENT # L06000063363					
1. Entity Name JMJD, LLC					
Principal Place of Business 3600 S. CONGRESS AVE. SUITE D BOYNTON BEACH, FL 33426			Mailing Address 3600 S. CONGRESS AVE. SUITE D BOYNTON BEACH, FL 33426		
2. Principal Place of Business - No P.O. Box # 2500 QUANTUM LAKES DR		3. Mailing Address 2500 QUANTUM LAKES DR			
Suite, Apt. #, etc. SUITE 203		Suite, Apt. #, etc. SUITE 207			
City & State BOYNTON BEACH FL		City & State BOYNTON BEACH FL			
Zip 33426		Country FLA BEH		4. FEI Number 2050 93222	
Zip 33426		Country FLA BEH		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BLODIG, GREGORY J 100 W. CYORESS CREEK RD SUITE 700 FT. LAUDERDALE, FL 33309				7. Name and Address of New Registered Agent Name Janus Moncur Street Address (P.O. Box Number is Not Acceptable) 777 E. ATLANTIC AVE C-2360 City Delray Beach FL FL Zip Code 33483	
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 4/24/07	
Filing Fee is \$50.00 Due by May 1, 2007				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MONCUR, JANUS 5300 WEST ATLANTIC AVE SUITE 102 DELRAY BEACH, FL 33484			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	777 E. ATLANTIC AVE C-2360 DELRAY BEACH FL 33483			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			<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.					
SIGNATURE: 				Date 4/24/07 Daytime Phone # 561-504-6905	