

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000067207

Entity Name: JMJ CAPITAL GROUP LLC

FILED
Jul 22, 2008
Secretary of State

Current Principal Place of Business:

7271 SOUTH WATERWAY DRIVE
MIAMI, FL 33155 US

New Principal Place of Business:

Current Mailing Address:

7271 SOUTH WATERWAY DRIVE
MIAMI, FL 33155 US

New Mailing Address:

FEI Number: 20-5221065 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

GARCIA, JOEL
12051 SW 131 AVENUE
MIAMI, FL 33186 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GARCIA, JOEL
Address: 7317 S.W. 39 TERRACE
City-St-Zip: MIAMI, FL 33155 US

Title: MGRM () Delete
Name: FORMENT, ILEANA
Address: 515 NE 95 STREET
City-St-Zip: MIAMI SHORES, FL 33138

Title: MGRM () Delete
Name: CARNICER, RAFAEL
Address: 6650 SW 90 CT.
City-St-Zip: MIAMI, FL 33173

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ILEANA FORMENT

MGRM

07/22/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date