


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90144 048 ****50.00

DOCUMENT # L06000075736		
1. Entity Name J & M INVESTMENTS OF MAITLAND, LLC		

Principal Place of Business 1009 MAITLAND CENTER COMMONS BLVD. SUITE 210, C/O MAITLAND REALTY CO. MAITLAND, FL 32751	Mailing Address P.O. BOX 940605 MAITLAND, FL 32794-0605
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60010077



2. Principal Place of Business - No P.O. Box # 505 Maitland Ave	3. Mailing Address
Suite, Apt. #, etc. Suite 1350	Suite, Apt. #, etc.
City & State Altamonte Springs FL	City & State
Zip 32701	Country USA

01032007 Chg-LLC CR2E083 (12/06)

4. FEI Number 59-3814162	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent	
SHARP, DUDLEY Q JR, ESQ 369 N. NEW YORK AVE. 3RD FLOOR WINTER PARK, FL 32789	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	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 reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**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 CALHOUN, MICHAEL D P.O. BOX 940605 MAITLAND, FL 327940605 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *MEICIL* _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #