


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 15, 2007 8:00 am
Secretary of State

01-25-2007 90087 048 ****50.00

DOCUMENT # L06000096732

1. Entity Name
FJM PROPERTIES LLC



Principal Place of Business
3200 COLLINS AVENUE #121
MIAMI BEACH, FL 33140 US

Mailing Address
3200 COLLINS AVENUE #121
MIAMI BEACH, FL 33140 US

30000626



2. Principal Place of Business - No P.O. Box #
3200 COLLINS AV

3. Mailing Address
3200 COLLINS AV

Suite, Apt., etc.
APT. 121

Suite, Apt., etc.
APT. 121

City & State
M. B. FL

City & State
M. BEACH

Zip
33140

Country
FL

Zip
33140

Country
FL

01192007 Chg-LLC CR2E083 (12/06)

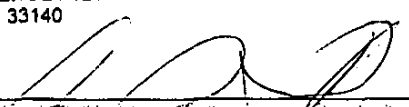
4. FEI Number
20-5716554

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

HENRY, LUCIA F
3200 COLLINS AVENUE #121
MIAMI BEACH, FL 33140



7. Name and Address of New Registered Agent

Name
LUCIA FERNANDA HENRY


Street Address (P.O. Box Number is Not Acceptable)
3200 COLLINS AV

APT. 121

City
M. BEACH

FL Zip Code
33140

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)

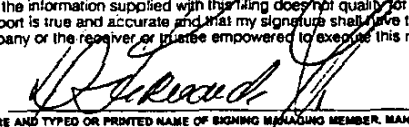
DATE **2/13/07**

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 DEALMEIDA, MAURICIO 701 BRICKELL AVE #1550 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DEALMEIDA-RECHANI, JESSICA F 3200 COLLINS AVENUE #111 MIAMI BEACH, FL 33140 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HENRY, LUCIA F 3200 COLLINS AVENUE #121 MIAMI BEACH, FL 33140 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 606, Florida Statutes.

SIGNATURE:  DATE: **1/20/07** DAYTIME PHONE #