


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 04, 2008 8:00 am**  
**Secretary of State**

04-04-2008 90134 014 \*\*\*138.75

**DOCUMENT # L06000106912**

1. Entity Name  
**JMJ PROPERTIES, LLC**



60013001



Principal Place of Business      Mailing Address  
**443 1/2 WILDER STREET**      **P.O. BOX 6158**  
**WEST PALM BEACH, FL 33405**      **WEST PALM BEACH, FL 33405**

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01062008    Chg-LLC      CR2E083 (12/06)

4. FEI Number <b>41-2226091</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**RHOADS, J. FREDDY**  
**BRIAN D. GURALNICK, P.C.**  
**2419 DIXIE HIGHWAY**  
**WEST PALM BEACH, FL 33401**

**7. Name and Address of New Registered Agent**

Name **RHOADS, J. FREDDY**  
 Street Address (P.O. Box Number is Not Acceptable)  
**SCHULER, HALUORSON, & WEISSER, P.A.**  
**1615 FORUM PLACE 4th FLOOR**  
 City **WEST PALM BEACH**    **FL**    Zip Code **33401**

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 **3/17/08**

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

<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to</b> <b>Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE <b>PRESIDENT/CHAIRMAN</b> <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <b>JOHN C. RHOADS</b>	NAME
STREET ADDRESS <b>2322 23rd LANE</b>	STREET ADDRESS	CITY-ST-ZIP <b>GREENACRES, FL 33463</b>	CITY-ST-ZIP
TITLE <b>SECRETARY/TREASURER</b> <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <b>MARY R. HAMMONTREE</b>	NAME
STREET ADDRESS <b>897 BURCH DRIVE</b>	STREET ADDRESS	CITY-ST-ZIP <b>WEST PALM BEACH, FL 33415</b>	CITY-ST-ZIP
TITLE <b>ASSISTANT S&amp;T</b> <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <b>JANET R. DIXON</b>	NAME
STREET ADDRESS <b>2054 HOPETON AVENUE</b>	STREET ADDRESS	CITY-ST-ZIP <b>RALEIGH, NORTH CAROLINA 27614</b>	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	NAME
STREET ADDRESS	STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	NAME
STREET ADDRESS	STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	NAME
STREET ADDRESS	STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP

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: **JOHN C. RHOADS**       Date **4/2/08**      Daytime Phone # **561-310-2408**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #