2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 04, 2009
Secretary of State

DOCUMENT# L06000113833

Entity Name: JMT, LLC

Current Principal Place of Business:

160 N SPRING LAKE DRIVE
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

160 N SPRING LAKE DRIVE
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 51-0626329 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HILAL, MICHAEL
160 N SPRING LAKE DRIVE
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

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:	MGR	( ) Delete
Name:	HILAL, TALAL E	
Address:	160 N SPRING LAKE DRIVE	
City-St-Zip:	ALTAMONTE SPRINGS, FL 32714	
Title:	MGRM	( ) Delete
Name:	HILAL, JONATHAN E	
Address:	160 N SPRING LAKE DRIVE	
City-St-Zip:	ALTAMONTE SPRINGS, FL 32714	
Title:	MGRM	( ) Delete
Name:	HILAL, MICHAEL	
Address:	160 N SPRING LAKE DRIVE	
City-St-Zip:	ALTAMONTE SPRINGS, FL 32714	
Title:	MGRM	( ) Delete
Name:	HILAL, MARY BETH	
Address:	160 N SPRING LAKE DRIVE	
City-St-Zip:	ALTAMONTE SPRINGS, FL 32714	
Title:	MGRM	( ) Delete
Name:	HILAL, RAOUF	
Address:	1790 SUMMERLAND DRIVE	
City-St-Zip:	WINTER PARK, FL 32789	
Title:	MGRM	( ) Delete
Name:	MUSHAHWAR, ANDRIA M	
Address:	1010 WINDERLEY PLACE , # 122	
City-St-Zip:	MAITLAND, FL 32751	

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:	
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: TALAL E HILAL MGR 03/04/2009

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