

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000113833

Entity Name: JMT, LLC

FILED  
Apr 13, 2012  
Secretary of State

**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  
Name: HILAL, TALAL E  
Address: 160 N SPRING LAKE DRIVE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: MGRM  
Name: HILAL, JONATHAN E  
Address: 160 N SPRING LAKE DRIVE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: MGRM  
Name: HILAL, MICHAEL  
Address: 160 N SPRING LAKE DRIVE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: MGRM  
Name: HILAL, MARY BETH  
Address: 160 N SPRING LAKE DRIVE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: MGRM  
Name: HILAL, RAOUF  
Address: 1790 SUMMERLAND DRIVE  
City-St-Zip: WINTER PARK, FL 32789

Title: MGRM  
Name: MUSHAHWAR, ANDRIA M  
Address: 1010 WINDERLEY PLACE , # 122  
City-St-Zip: MAITLAND, FL 32751

I hereby 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

04/13/2012

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