


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90040 006 ****50.00

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| DOCUMENT # L06000118023 | | | |  | |
| 1. Entity Name JMT SMALL BAY LEASING, LLC | | | | | |
| Principal Place of Business 2516 JMT INDUSTRIAL DRIVE STE 101 APOPKA, FL 32703 | | | Mailing Address 2516 JMT INDUSTRIAL DRIVE STE 101 APOPKA, FL 32703 | | |
| 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 | 03302007 Chg-LLC CR2E083 (12/06) | |
| 4. FEI Number 20-8218397 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent TALANSKY, JACK M 2516 JMT INDUSTRIAL DRIVE STE 101 APOPKA, FL 32703 | | | 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 <u>JACK M. TALANSKY</u> <u>APRIL 9, 2007</u> <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small> | | | | | |
| 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 JMT SMALL BAY MANAGEMENT, LLC 2516 JMT INDUSTRIAL DRIVE STE 101 APOPKA, FL 32703 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
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| 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 608, Florida Statutes. | | | | | |
| SIGNATURE: JACK M. TALANSKY | | | | APRIL 9, 2007 407-293-3382 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | <small>Date Daytime Phone #</small> | |