2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 30, 2008 8:00 am Secretary of State

	ANNUAL	REPORT				Secre	iai y	or St	aic
DOCUMENT # L07000056365						04-30-20	08 90027	025 ***13	8.75
Entity Name JMR MANAGEMENT HOLDINGS, LLC									
OIAILY IAIVI	ANGEMENT HOEDINGS, EE	O							
Principal Place	e of Business	Mailing Address					500	05476	
1016 CLEARWATER PLAZA		1016 CLEARWATER PLAZA					000	00410	
WEST PALM I	BEACH, FL 33401	WEST PALM BEACH, FL	33401						
		Y	<u> </u>						
2. Principal P 以かかく	Place of Business - No P.O. Box # P. AUSTRALIAN AVE.	3. Mailing Address 400 S. AUSTRANAN AVE.		.		ii 88] 188] 86] 88]			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01082008	Chg-LLC	CR2E	(12/06)	
# 300 City & State		# 300 City & State			4. FEI Numb	^ -			plied For
WEST	PAIM BEACH, FL	WEST PAIM	BEACH. F	2		<u> 381829</u>	,		t Applicable
3340	Country	33401	Country USA		5. Certificate	of Status Desire	d 🗀	\$5.00 Add Fee Required	
6. Name and Address of Current Registered Agent					7. Name an	d Address of Ne	w Registered		
KOEPPEL, JOEL P ESQ				Toel	PE	cerpre!			
1016 CLEARWATER PLAZA WEST PALM BEACH, FL 33401				ddress (E	O. Box Numb	stralxa	310) Ave	me	
WEST FREW BERGIN, TE 30401				Sute 300					
				lest l	Palm (reach	FI	L ZBB	101
	named entity submits this statement for tions of registered agent.	the purpose of changing its	registered office o	r registered	d agent, or be	oth, in the State o	f Florida. I an	n familiar with,	and accept
_	Suffer	me_				à	3/18/0	र्र	
SIGNATURE .	Signature, typed or printed name diegistered agent a	nd title if applicable. (NOTE	Registered Agent signal	w benuper enul	hen reinstating)		DATE		
FILE	NOW!!! FEE IS \$138.75					n	fake check	payable to	
	1, 2008 Fee will be \$538.75					Flo	rida Departı	ment of State	•
9.	MANAGING MEMBER	RS/MANAGERS	10.			ADDITIO	NS/CHANGE	s	
TITLE		☐ Delete	TITLE	Mar	•			☐ Change	1 Addition
NAME STREET ADDRESS									
CITY-ST-ZIP			NAME STREET ADDRESS			MEL ALIAN NE	# 300		
				JOEL 400 S	P. KOEP S. Austre	OJEL ALIANDOE BEACH, FI	# 300 33401	onenge	
TITLE		☐ Delete	STREET ADDRESS CITY-ST-ZIP TITLE	JOEL 400 S	P. KOEP S. Austre	PIEL ALIANDUE BEACH, FI	# 300 33401	Change	☐ Addition
NAME		□ Delete	STREET ADDRESS CITY-ST-ZIP TITLE NAME	JOEL 400 S	P. KOEP S. Austre	OJEL ALIANDOE BEACH, FI	# 300 33401		
		☐ Delete	STREET ADDRESS CITY-ST-ZIP TITLE	JOEL 400 S	P. KOEP S. Austre	OJEL ALIAN WE BEACH, FI	# 300 33401		
NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	JOEL 400 S	P. KOEP S. Austre	OJEL ALIANNE BEACH, FI	# 300 33401		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	JOEL 400 S	P. KOEP S. Austre	OJEL ALIANNE BEACH, FI	# 300 3340/	☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	JOEL 400 S	P. KOEP S. Austre	OJEL ALIANDOE BEACH.FI	# 300 33401	☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CRY-SI-ZIP TITLE	JOEL 400 S	P. KOEP S. Austre	PEACH, FI	# 300 3340/	☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		□ Delete	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CXTY-SI-ZIP TITLE NAME	JOEL 400 S	P. KOEP S. Austre	OJEL ALIANNE BEACH, FI	# 300 3340/	☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		□ Delete	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CRY-SI-ZIP TITLE	JOEL 400 S	P. KOEP S. Austre	OJEL ALIANDOE BEACH.FI	# 300 33401	☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		□ Delete	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	JOEL 400 S	P. KOEP S. Austre	OJEL ALIAN NE BEACH, FI	# 300 33401	☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP THLE NAME		□ Delete	STREET ADDRESS CITY-ST-ZIP TITLE NAME	JOEL 400 S	P. KOEP S. Austre	OJEL ALIANNE BEACH, FI	# 300 3340/	☐ Change ☐ Change ☐ Change	Addition Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		□ Delete	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	JOEL 400 S	P. KOEP S. Austre	OJEL ALIANDOE BEACH, FI	# 300 33401	☐ Change ☐ Change ☐ Change	Addition Addition
NAME STREET ADDRESS CITY-ST-ZIP THLE NAME STREET ADDRESS		□ Delete	STREET ADDRESS CITY-ST-ZIP THLE NAME	JOEL 400 S	P. KOEP S. Austre	PEACH, FI	# 300 33401	☐ Change ☐ Change ☐ Change	Addition 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.

CITY-ST-ZIP

CITY - ST - ZIP

SIGNATURE:

SIGNATURE:

SIGNATURE AND TIPED OR PRINTED NAME OF SIGNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

D