

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-30-2008 90027 025 ***138.75

DOCUMENT # L07000056365

1. Entity Name
JMR MANAGEMENT HOLDINGS, LLC



Principal Place of Business
**1016 CLEARWATER PLAZA
WEST PALM BEACH, FL 33401**

Mailing Address
**1016 CLEARWATER PLAZA
WEST PALM BEACH, FL 33401**

50005476



2. Principal Place of Business - No P.O. Box #
400 S. AUSTRALIAN AVE.

3. Mailing Address
400 S. AUSTRALIAN AVE.

Suite, Apt. #, etc.
300

Suite, Apt. #, etc.
300

01082008 Chg-LLC CR2E083 (12/06)

City & State
WEST PALM BEACH, FL

City & State
WEST PALM BEACH, FL

4. FEI Number
26-2381829

Applied For
Not Applicable

Zip
33401

Country
USA

Zip
33401

Country
USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**KOEPPPEL, JOEL P ESQ
1016 CLEARWATER PLAZA
WEST PALM BEACH, FL 33401**

7. Name and Address of New Registered Agent

Name **Joel P. Koeppe**
Street Address (P.O. Box Number is Not Acceptable) **400 S. Australian Avenue**
Suite **300**
City **West Palm Beach** FL **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

[Signature]

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/18/08

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MGR
STREET ADDRESS	JOEL P. KOEPEL
CITY - ST - ZIP	400 S. AUSTRALIAN AVE # 300 WEST PALM BEACH, FL 33401
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:

[Signature]

JOEL P. KOEPEL

3/18/08 (561) 659-6455

Date

Daytime Phone #