

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000076180

**FILED**  
**Jan 09, 2008**  
**Secretary of State**

**Entity Name:** JM MORTGAGE BANKERS, LLC

**Current Principal Place of Business:**

3325 HOLLYWOOD BLVD, SUITE 402  
HOLLYWOOD, FL 33018 US

**New Principal Place of Business:**

3325 HOLLYWOOD BLVD,  
SUITE 402  
HOLLYWOOD, FL 33021 US

**Current Mailing Address:**

3325 HOLLYWOOD BLVD, SUITE 402  
HOLLYWOOD, FL 33018 US

**New Mailing Address:**

3325 HOLLYWOOD BLVD,  
SUITE 402  
HOLLYWOOD, FL 33021 US

FEI Number: 26-0584061

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MAITRA, DAVE  
3350 NE 192 STREET  
SUITE 5N  
AVENTURA, FL 33180 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: MAITRA, DAVE  
Address: 3350 NE 192 STREET, SUITE 5N  
City-St-Zip: AVENTURA, FL 33180 US

Title: MGR ( ) Delete  
Name: JAFRI, ARSHAD S  
Address: 3350 NE 192 STREET, SUITE 5N  
City-St-Zip: AVENTURA, FL 33180 US

**ADDITIONS/CHANGES:**

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: ARSHAD JAFRI

MGR

01/09/2008

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