

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000011353

**FILED**  
**Apr 22, 2009**  
**Secretary of State**

**Entity Name:** JMTY LLC

**Current Principal Place of Business:**

3512 COLLEGE STREET  
JACKSONVILLE, FL 32205

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1842  
JACKSONVILLE, FL 32201

**New Mailing Address:**

**FEI Number:** 39-2076611

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

OUREDNIK, KAREL IV, ESQ  
OUREDNIK LAW OFFICES, P.A.  
317 4TH AVENUE NORTH  
JACKSONVILLE BEACH, FL 32250 US

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

OUREDNIK, KAREL IV, ESQ  
OUREDNIK LAW OFFICES, P.A.  
5000 SAWGRASS VILLAGE CIRCLE STE 6  
PONTE VEDRA BCH, FL 32082 US

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:**

04/22/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: KLEMENT, JAMES E  
Address: 3512 COLLEGE ST  
City-St-Zip: JAX, FL 32205 US

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:** JAMES E KLEMENT

MGR

04/22/2009

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