2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000041961

THE MULBERRIES 2 PARK WAY,

SHENFIELD, ESSEX CM15 8LH,

Address:

City-St-Zip:

Entity Name: JMBC, LLC

FILED Apr 20, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
	JM PLACE #3 N, NY 11201	C		
Current Mailing Address:			New Mailing Address:	
	JM PLACE #3 N, NY 11201	C		
FEI Number:	41-2278757	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	Address of C	urrent Registered Agent:	Name and Address of New Registered Agent:	
1970 OTTE	CHRISTOPHE ER WAY BOR, FL 346			
The above in the State		submits this statement for the p	ourpose of changing its registere	d office or registered agent, or both
SIGNATUR	RE:			
Electronic Signature of Registered Age			ent	Date
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGRM () POULTON, BRI 123 BOREUM F BROOKLYN, N	PLACE #3C	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	MGRM () POULTON, JOA 123 BOREUM F BROOKLYN, N	PLACE #3C	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	MURRAY, CHA THE MULBERR	Delete RLES IES 2 PARK WAY, SSEX CM15 8LH,	Title: Name: Address: City-St-Zip:	() Change () Addition
Title:	MGRM ()	Delete	Title:	() Change () Addition

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.

Address:

City-St-Zip:

SIGNATURE: GARY T. HARKER AIF 04/20/2009