

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000083702

FILED
Mar 29, 2009
Secretary of State

Entity Name: JMT ENTERPRISES OF POLK COUNTY, LLC

Current Principal Place of Business:

2621 BROOKSIDE BLUFF
LAKELAND, FL 33813

New Principal Place of Business:

2621 BROOKSIDE BLUFF LOOP
LAKELAND, FL 33813

Current Mailing Address:

2621 BROOKSIDE BLUFF
LAKELAND, FL 33813

New Mailing Address:

2621 BROOKSIDE BLUFF LOOP
LAKELAND, FL 33813

FEI Number: 26-3303773

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TOWER, WILLIAM E JR
2621 BROOKSIDE BLUFF
LAKELAND, FL 33813 US

Name and Address of New Registered Agent:

TOWER, WILLIAM E JR
2621 BROOKSIDE BLUFF LOOP
LAKELAND, FL 33813 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:

03/29/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: TOWER, WILLIAM E JR
Address: 2621 BROOKSIDE BLUFF
City-St-Zip: LAKELAND, FL 33813

Title: MGRM (X) Delete
Name: LEONARD, WALTER
Address: 7022 LAKE EAGLEBROOKE DRIVE
City-St-Zip: LAKELAND, FL 33813

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: TOWER, WILLIAM E JR
Address: 2621 BROOKSIDE BLUFF LOOP
City-St-Zip: LAKELAND, FL 33813

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: WILLIAM E TOWER JR

MGRM

03/29/2009

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