File on or before May 1, subject to a \$ 400.00 LA	1999 or Limited NTE FEE.	l Liability Com	pany will be	•				
	MITED LIABILITY COMPANY ANNUAL REPORT FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State				FILE() SECRETARY OF STATE DIVISION OF CORPORATIONS			
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE 1 Name and Maining Address OCUMENT # 198000000039					9 APR - 1	AM 8: 2	27	
J.J.M. PROPERTIES, L.C. 40 HIGH STREET RANDOLPH MA 02368				1a. Principal Place of Business Address 40 HIGH STREET RANDOLPH MA 02368				
2 Principal Place of Business 62-thru 9f NE 5th Aug 801 Spanish TRAI Suite, Apt. #, etc.				3. Date Organized or Qualified 3a. State of Formation FL. 4. FEI Number Applied For				
DelRAY BEACK F Zip Country 33483 PAIM	L. Del.	Ray Beach	Pl. m Be AcL	04 - 341 5. Date of Last R	Report	5. Certificate \$8.75 Addition	Not Applicable e of Status Desired	
7. Name and Address of Current Registered Agent SCHONE, LARRY T E'SQ. 50 S. E. 4 BU AVENUE DELRAY BEACH FL 33483 Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc City City Zip Code								
De Ray Beach FL 33 Y 6 3 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.								
SIGNATURE V (Regulated Agent Accepting Apparatured (41th Registrated Agent agent when trend them)							<u> </u>	
10. Title Managing Memb	pers/Managers	Busine	ss Street Address		Crty.	State and Zip	Code	
MGRM MUCCIACCIO, JAMES NGRM MUCCIACCIO, JUDY		10 HIGH STREET 180 ISOACIUL TA 10 HIGH STRUET 1601 SOANIUL TRAIL		-KANDOI	Be Ac.	CPL. 53895		
				70	0002 : -04/12	3 (3) (5)(5) (9) (-0)(1)		
11. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i). Florida Statutes. If urther certify that the information indicated on this annual 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 hability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.								
SIGNATURE: JAMES A. MUCCIACCIO 2/20/98 961-2562								