

2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L98000000039

1. Entity Name
J.J.M. PROPERTIES, L.C.



Principal Place of Business
62 THRU 98 NE 5TH AVE.
DELRAY BEACH, FL 33483

Mailing Address
1801 SPANISH TRAIL
DELRAY BEACH, FL 33483

FILED
Feb 03, 2004 08:00 AM
Secretary of State



01292004 No Chg-LLC

CR2E083 (10/03)

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4. FEI Number
04-3412302

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MUCCIACCIO, JAMES
1801 SPANISH TRAIL
DELRAY BEACH, FL 33483

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2004

U00000034366
02/05/04-80080-016 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MUCCIACCIO, JAMES
1801 SPANISH TRAIL
DELRAY BEACH, FL 33483

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MUCCIACCIO, JUDY
1801 SPANISH TRAIL
DELRAY BEACH, FL 33483

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), Florida Statutes. I further certify that the information indicated on this 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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #