


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 99 MAR 22 AM 8:34 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company J.M.T. DEVELOPMENT, LTD., L.C. PO BOX 328 ROOTSTOWN OH 44272		DOCUMENT # M95000000056 1a. Principal Place of Business Address 3975 KENNETH DR ROOTSTOWN OH 44272			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified 03/06/1995 3a. State of Formation OH 4. FEI Number 34-1777329 5. Date of Last Report 03/06/1998	
7. Name and Address of Current Registered Agent STEWART, JAMES 70 OAK CT. EUSTIS FL 32726		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code			
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 _____		DATE 2/18/99			
10. Title		Managing Members/Managers		Business Street Address	
City, State and Zip Code					
MGRM	MOSER, TERRANCE L	3898 SANFORD ROAD		ROOTSTOWN OH	
MGRM	MOORE, GERALD E	248 JESSIE		TALIMADGE OH	
<div style="position: relative;"> SC 3-26-99 </div>					
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further 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 liability 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: _____					