

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000074633
 1. Entity Name
JMM REAL ESTATE HOLDINGS, INC.



Principal Place of Business Mailing Address
11808 GREYSTONE DR. **11808 GREYSTONE DR.**
BOCA RATON, FL 33428 **BOCA RATON, FL 33428**

DO NOT WRITE IN THIS SPACE



04052004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
65-0788330 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
MURRAY, JAMES F
11808 GREYSTONE DR.
BOCA RATON, FL 33428

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

00070010963
 04/12/04 08:00 AM 130.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MURRAY, JAMES F
STREET ADDRESS	11808 GREYSTONE DR.
CITY-ST-ZIP	BOCA RATON, FL 33428
TITLE	D
NAME	MURRAY, MARCI G
STREET ADDRESS	11808 GREYSTONE DR.
CITY-ST-ZIP	BOCA RATON, FL 33428
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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12. I 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 report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like authority.

SIGNATURE: _____ **James F. Murray** 4/9/04 564 482 4864
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #