## 2006 FOR PROFIT CORPORATION

SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNI

OFFICER OR DIRECTOR

## Mar 16, 2006 8:00 am ANNUAL REPORT . Secretary of State DOCUMENT # P99000002702 03-16-2006 90236 016 \*\*\*150.00 1. Entity Name JBM REALTY ADVISORS, INC. Principal Place of Business Mailing Address 40032461 1167 3RD STRET S 1167 3RD STRET S 2ND FLOOR, SUITE 209 2ND FLOOR, SUITE 209 NAPLES, FL 34102 NAPLES, FL 34102 2. Principal Place of Business 3. Mailing Address 1167 3rd Street Sourh 1167 3rd Street South Suite, Apt. #, etc 03012006 CR2E034 (11/05) Cha-P Suite 209 Suire 209 City & State City & State 4. FEI Number Applied For Napl 4. FL Nop140, 59-3567534 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 34102 u 5# 464 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MAY, JAMES B 1167 3RD STREET S. Street Address (P.O. Box Number is Not Acceptable) 2ND FLOOR, SUITE 209 NAPLES, FL 34102 City Zip Code 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) FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PCEO TITLE ☐ Delete TITLE ☐ Change Addition MAY, JAMES B NAME NAME STREET ADDRESS 1167 3RD ST S, 2ND FLOOR, SUITE 209 STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34102 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 of 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 empowered. 12. I hereby certify that the information

FILED



## FLORIDA DEPARTMENT OF STATE Division of Corporations

40032461

March 2, 2006

JBM REALTY ADVISORS, INC. 1167 3RD STRET S 2ND FLOOR, SUITE 209 NAPLES, FL 34102

SUBJECT: JBM\_REALTY\_ADVISORS, INC.

Ref. Number: (299000002702)

We have received your check(s) totaling \$150.00; however it cannot be processed and is being returned for the following:

There was not a completed annual report/reinstatement application form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

The fee to file the enclosed profit annual report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

After the corrections have been made, please return the report to: Division of Corporations, Annual Report/Uniform Business Report Section, P.O. Box 6327, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

PAMELA YARBOR OPS

Letter Number: 306A00014691