

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90609 047 \*\*\*\*50.00

DOCUMENT # **LO1000011408**

1. Entity Name

**JDO Management Enterprises, LLC**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**13134 Redon Dr.**

Suite, Apt. #, etc.

3. Mailing Address

**13134 Redon Dr.**

Suite, Apt. #, etc.

**958304**

DO NOT WRITE IN THIS SPACE

City & State

**Palm Beach Gardens, FL**

City & State

**Palm Beach Gardens, FL**

4. FEI Number

**65-1128277**

Applied For

Not Applicable

Zip

**33410**

Country

**USA**

Zip

**33410**

Country

**USA**

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

**Brant, Abraham, Reiter & McCormick P.A.**

Street Address (P.O. Box Number is Not Acceptable)  
**50 North Laura Street, Suite 2750**

City

**Jacksonville**

FL

Zip Code

**32202**

**DO NOT WRITE  
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.

SIGNATURE

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

DATE

**FEE IS \$50.00**

**Make Check Payable to Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE	<b>MGRM</b>
NAME	<b>Jon P. Osher</b>
STREET ADDRESS	<b>13134 Redon Dr.</b>
CITY-ST-ZIP	<b>Palm Beach Gardens, FL 33410</b>
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CR2E083B (12/01)

11. 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 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**5/1/02**

**561 630 0555**