


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

FILED
Jun 04, 2003 8:00 am
Secretary of State

06-04-2003 90001 014 ****50.00

DOCUMENT # L02000008298
1. Entity Name
EASTWOOD JC, LLC



DO NOT WRITE IN THIS SPACE

10106718

2. Principal Place of Business 777 S. Flagler Drive Suite, Apt. #, etc. Suite 800 West Tower City & State West Palm Beach, FL Zip 33401 Country USA		3. Mailing Address 777 S. Flagler Drive Suite, Apt. #, etc. Suite 800 West Tower City & State West Palm Beach, FL Zip 33401 Country USA	
--	--	--	--

DO NOT WRITE IN THIS SPACE

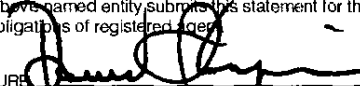
4. FEI Number		Applied For
		<input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name David Shapiro	
Street Address (P.O. Box Number is Not Acceptable) 777 S. Flagler Drive, Suite 800 West Tower	
City West Palm Beach	FL Zip Code 33401

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

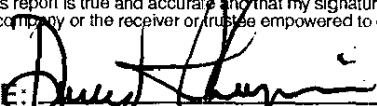
SIGNATURE:  David Shapiro DATE: 6/2/03

FEE IS \$50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	David Shapiro, MGRM. 2541 Seminole Circle W. Palm Beach, FL 33409	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		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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	

CR2E083B (12/02)

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:  David Shapiro DATE: 6/2/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #