

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-05-2003 90299 011 ****55.00

DOCUMENT # L02000014055

1. Entity Name

JNB PROPERTIES, LLC



Principal Place of Business

Mailing Address

C/O KIM NAIMOLI, 1400 BAYVIEW DR.
2
FORT LAUDERDALE FL 33304
US

C/O KIM NAIMOLI, 1400 BAYVIEW DR.
2
FORT LAUDERDALE FL 33304
US

2. Principal Place of Business

3. Mailing Address

632 E Ocean Ave
Suite, Apt. #, etc.
Boynton Beach FL
City & State

632 E Ocean Ave
Suite, Apt. #, etc.
Boynton Beach
City & State
FL



CHECK HERE IF MAKING CHANGES

4. FEI Number

56-2305433

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

Zip
33435

Country

Palm Beach

Zip
33435

Country

Palm Beach

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NAIMOLI, KIM A
1400 BAYVIEW DR.
2
FORT LAUDERDALE FL 33304

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
|--|---------------------------------|
| | <input type="checkbox"/> Delete |
| | <input type="checkbox"/> Delete |
| | <input type="checkbox"/> Delete |
| | <input type="checkbox"/> Delete |
| | <input type="checkbox"/> Delete |

| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
|---|---------------------------------|--|
| Broker of Record-Manager Isabel Waters 757 SE 17 St #179 Fort Lauderdale, FL 33316 | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |

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 REQUIRED

3/3/3

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)