

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2002 8:00 am**  
**Secretary of State**

04-25-2002 90010 022 \*\*\*\*50.00

**DOCUMENT # L01000009965**

1. Entity Name

**JUNO PROPERTY MANAGEMENT, LLC**

Principal Place of Business

**796 NORTH SHORE DRIVE  
 ANNA MARIA FL 34216**

Mailing Address

**46 N. WASHINGTON BOULEVARD, #1  
 SARASOTA FL 34236**

2. Principal Place of Business

**1501 14th AVE. W.**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**BRADENTON, FLORIDA**

City & State

Zip  
**34205**

Country

Zip

Country

4. FEI Number

**65-1134048**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PATTERSON, JOHN  
 46 N. WASHINGTON BOULEVARD, #1  
 SARASOTA FL 34236**

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.

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 Department of State  
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**MGRM** ☐ Change ☒ Addition  
**PETEREIT, OLIVER**  
**1501 14th AVE. W.**  
**BRADENTON, FLORIDA 34205**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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**

**(941) 920-6217**

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

Date

Daytime Phone #

CP2E083 (9/01)

0021358