

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

2/5/2003-90037-011-\$50.00-\$50.00


SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 FEB 21 PM 4: 57

W2/24

DOCUMENT # L00000000459

1. Entity Name
JAGLE & ASSOCIATES, L.L.C.



Principal Place of Business
~~333 CAMINO GARDENS BLVD., SUITE 104~~
BOCA RATON FL 33432

Mailing Address
~~333 CAMINO GARDENS BLVD., SUITE 104~~
~~BOCA RATON FL 33432~~

2. Principal Place of Business
333 CAMINO GARDENS #100

Suite, Apt. #, etc.
STE 100

City & State
BOCA RATON, FL

Zip
33432

Country

3. Mailing Address
C/O BLAKESBERG & COMPANY CPA's
951 SW 4TH AVE

Suite, Apt. #, etc.

City & State
BOCA RATON, FL

Zip
33432

Country



☐ CHECK HERE IF MAKING CHANGES

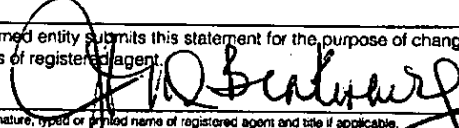
4. FEI Number **65-0974612** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
~~BUDISH, ROBERT~~
~~333 CAMINO GARDENS BLVD., SUITE 104~~
~~BOCA RATON FL 33432~~

7. Name and Address of New Registered Agent
Name **JOHN D. BLAKESBERG**
Street Address (P.O. Box Number is Not Acceptable)
951 SW 4TH AVE
City **BOCA RATON** FL **33432**

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  DATE **1/29/03**

(NOTE: Registered Agent signature required when reinstating)

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	MGR JAGLE, ARNALDO 333 CAMINO GARDENS BLVD #104 BOCA RATON FL 33432	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM BENAYOUN, ROGER 333 CAMINO GARDENS BLVD., SUITE 104 BOCA RATON FL 33432	<input checked="" type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM ELKS, MICHAEL 333 CAMINO GARDENS BLVD., SUITE 104 BOCA RATON FL 33432	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<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 ARNALDO JAGLE 1/29/03**

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

Date

Daytime Phone #

CR2E083 (10/02)