## FILED LIMITED LIABILITY COMPANY Apr 10, 2002 8:00 am **UNIFORM BUSINESS REPORT (UBR) Secretary of State** DOCUMENT #/ MXXX 1. Entity Name 04-10-2002 90017 005 \*\*\*\*50.00 JAGUAR REALTY LLC DO NOT WRITE IN THIS SPACE PO BOX Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0987670 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) 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. SAMES ARCARA FEE IS \$50.00 Make Check Payable to Department of State **DUE BY MAY 1** MANAGING MEMBERS/MANAGERS MGRM TITLE TITLE ARCARA, JAMES 2105 GULF OF MEXICO-4405 LONGBOAT KEY FL 3422F NAME NAME STREET ADDRESS STREET ADDRESS CiTY - ST - ZIP CITY-ST-ZIP MEABER TITLE ARCARA, DAVID 2105 GULF OF MEXICON 3105 NAME STREET ADDRESS STREET ADDRESS LONGBOAT KEY FL 34228 CITY-ST-ZIP TITLE NAME" NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY - ST - ZIP CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: \_\_\_ Jame A. Areance JANES ARCARD 4/5/00

STREET ADDRESS

<sup>11.</sup> 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.