## **2003 LIMITED LIABILITY COMPANY**

## **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L0000001410.



**FILED** May 07, 2003 8:00 am Secretary of State
05-07-2003 90044 021 \*\*\*\*55.00

J T W TR	UST, LLC									
Principal Place of Business 1301 E. ATLANTIC BLVD POMPANO BEACH FL 33060		Mailing Address 1301 E. ATLANTIC BLVD POMPANO BEACH FL 33060			1100	e e	_Z	14 <b>6</b> 14 <b>1</b> 14 <b>0</b> 4 11	án con 1821	
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt.,#, etc.		☐ CHECK HERE IF MAKING CHANGES					٠	
City & State		City & State		<del>-</del>	4. FEI Nun	4. FEI Number 65-0981537 Applied For Not Applicable			]	
Zip	Country	Zip	Cour	ntry	5. Certifica	ate of Status Desired		5.00 Add		]
	6. Name and Address of Current	Registered Agent			7. Name a	nd Address of New F	registered Aq	jent		]
RUMORE, C. ANTHONY ESQ				Name						
540	E. MCNAB ROAD, SUITE C PANO BEACH FL 33306-0			Street Address	s (P.O. Box Num	ber is Not Acceptable	3)			- - - -
ı				City			FL	Zip Cod	le	1
	named entity submits this statement for ions of registered agent.	or the purpose of changing its	s register	red office or regis	tered agent, or t	ooth, in the State of Fig	orida. I am fa	niliar with,	and accept	1
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NO)	TF: Registers	ed Agent signature requi	ired when reinstating)		DATE			
<del>-</del>				<del></del>	<del></del>	Γ				1
	2 J.T	Make Check Payab		FEE IS \$50.00						
	•			londa Departii lay 1, 2003	ient of State					
9.	MANAGING MEMBE					ADDITIONS	CUANCES			-
	MANAGING MEMBE	Delete	10.		<del></del>	ADDITIONS,		Change	☐ Addition	1 5
NAME	FREDOT, INC.	To Delete	NAM	ł			'	Onlarigo	L Mantion	Ì
STREET ADDRESS	1301 E. ATLANTIC BLVD		STR	EET ADDRESS						6
CITY-ST-ZIP	POMPANO BEACH FL 33060		CITY	/-ST-ZIP						֝֟֝֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓
TITLE	MGRM	☐ Delete	TITL	.E				Change	☐ Addition	þ
NAME	LORJA, INC.		NAN	J						
STREET ADDRESS CITY-ST-ZIP	1301 E ATLANTIC BLVD POMPANO BEACH FL 33060			EET ADORESS (- ST-ZIP						
TITLE		☐ Delete	TITL	ſ				Change	Addition	
NAME			NAM							
STREET ADDRESS CITY-ST-ZIP				EET AODRESS (-ST-ZIP						
		☐ Delete	TITL					Change	Addition	1
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TITLE NAME -		☐ Delete	TITL NAM	7			Ì	Change	☐ Addition	1
NAME	<del></del>	بالمنتهجات المستهجات المتحصي		EET ADDRESS				~		-
CITY-ST-ZIP		•		Y-ST-ZIP						
11 Lhereby	partify that the information supplied with	this filing does not qualify to	r tho ove	motion stated in t	Section 110 07/	2)(i) Elorido Statutos	I further certif	u that the i	ntormation	1

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

Date

Daytime Phone #