

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90025 027 ****50.00

DOCUMENT # L00000001529

1. Entity Name

RJ & JJ PROPERTY MANAGEMENT, L.C.



Principal Place of Business

**6415 MIDNIGHT PASS RD., #901
SARASOTA FL 34242**

Mailing Address

**6415 MIDNIGHT PASS RD., #901
SARASOTA FL 34242**

20023024

2. Principal Place of Business

6415 MIDNIGHT PASS ROAD

3. Mailing Address

SAME

Suite, Apt. #, etc.

#901

Suite, Apt. #, etc.

SAME

City & State

SARASOTA FLA

City & State

SAME

Zip

34242

Country

USA

Zip

SAME

Country

SAME

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0992881**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BEANE, JUDY J

**6415 MIDNIGHT PASS RD., #901
SARASOTA FL 34242**

7. Name and Address of New Registered Agent

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-31-03

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **BEANE, JERRY**
STREET ADDRESS **6415 MIDNIGHT PASS RD. #901**
CITY-ST-ZIP **SARASOTA FL 34242**

TITLE **MGR** ☐ Delete
NAME **BEANE, JUDY J**
STREET ADDRESS **6415 MIDNIGHT PASS RD. #901**
CITY-ST-ZIP **SARASOTA FL 34242**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

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

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]

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

Date

Daytime Phone #

1-31-03

941-349-0913

CR2E083 (10/02)