

2001 UNIFORM BUSINESS REPORT (UBR)

0014345 AF

DOCUMENT # L00000001613

1. Entity Name
JORDAWN RENTAL MANAGEMENT L.L.C.

FILED

01 MAY 29 PH 3: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
4747 BISON ST
BOCA RATON FL 33428

Mailing Address
4747 BISON ST
BOCA RATON FL 33428

2. Principal Place of Business
4747 BISON ST
Suite, Apt. #, etc.
Boca Raton FL
City & State

3. Mailing Address
4747 BISON ST
Suite, Apt. #, etc.
Boca Raton FL
City & State

4. FEI Number
650977146
Applied For
 Not Applicable

Zip Country
33428 Palm Beach FL
Zip Country
33428 Palm Beach FL

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

6. Name and Address of Current Registered Agent
HOUGH, STORMY D
4747 BISON ST
BOCA RATON FL 33428

7. Name and Address of New Registered Agent
Name Stormy D Hough
Street Address (P.O. Box Number is Not Acceptable)
4747 Bison St
City Boca Raton FL Zip Code 33428

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

2-28-2001
DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

300004423483--6
-06/18/01--01012--002
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	managing member William C Hough william C Hough 4747 BISON ST BOCA RATON FL 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	manager Stormy Hough 4747 BISON ST BOCA RATON FL 33428 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: Stormy D Hough
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2-28-01 852 0748
Date Daytime Phone #

CR2E083 (11/00)