

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90077 014 *****55.00

0045242

DOCUMENT # L00000001618

1. Entity Name

JEFF MCCARTNEY, LLC



Principal Place of Business

**151 SAWGRASS CORNERS DR. STE. 106
PONTE VEDRA BEACH FL 32082**

Mailing Address

**P.O BOX 3419
PONTE VEDRA BEACH FL 32004**

2. Principal Place of Business

213 Plantation Circle S.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Ponte Vedra Beach, FL.

City & State

4. FEI Number **06-1486468**

Applied For

Not Applicable

Zip **32082**

Country **USA**

Zip

Country

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	DUKE, THOMAS J	
STREET ADDRESS	8113 SEVEN MILE DRIVE	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	DUKE, TERESA	
STREET ADDRESS	8113 SEVEN MILE DRIVE	
CITY-ST-ZIP	PONTE VEDRA FL 32082	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Duke, Thomas J.	
STREET ADDRESS	213 Plantation Circle S.	
CITY-ST-ZIP	Ponte Vedra Beach, FL 32082	
TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Duke, Teresa	
STREET ADDRESS	213 Plantation Circle S.	
CITY-ST-ZIP	Ponte Vedra Beach, FL 32082	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Thomas J. Duke **4/29/03** **904-280-1117**

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

Date

Daytime Phone #

CR2E083 (10/02)