

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2002 8:00 am**  
**Secretary of State**

000081

**DOCUMENT # L00000002586**

**1. Entity Name**  
**JCD SUMMERWOODS, L.L.C.**

03-13-2002 90095 001 \*\*\*\*\*50.00

**Principal Place of Business**  
**3740 BEACH BLVD., STE 300**  
**JACKSONVILLE FL 32207**

**Mailing Address**  
**3740 BEACH BLVD., STE 300**  
**JACKSONVILLE FL 32207**

**80082446**



DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>		<b>4. FEI Number</b> <b>NOT APPLICABLE</b>		<b>Applied For</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				<b>Not Applicable</b>	
City & State		City & State		<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>	
Zip	Country	Zip	Country				

<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>			
<b>DEMETREE, JACK C</b> <b>3740 BEACH BLVD., STE 300</b> <b>JACKSONVILLE FL 32207</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEMETREE, JACK C 3740 BEACH BLVD., STE 300 JACKSONVILLE FL 32207	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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:** *[Signature]* **SIGNATURE REQUIRED** **2/26/02** **904-398-7350**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)