**FILED** 

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PR

## Jul 30, 2003 8:00 am Secrétary of State DOCUMENT # L0000002619 07-30-2003 90045 006 \*\*\*\*50.00 1. Entity Name PJ3, L.L.C. Principal Place of Business Mailing Address OFTOUFTOU 1629 HEATHER LANE 3711 AGATE CT SANIBEL FL 33957 DARIEN IL 60651 2. Principal Place of Business 3. Mailing Address GTI DURION Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 65-0765849 SANIBE Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent REDDINGTON, JAMES F Street Address (P.O. Box Number is Not Acceptable) 3711 AGATE COURT SANIBEL FL 33957 Zip Code City 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 SIGNATURE itle if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 24, 2003 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGRM ☐ Addition TITLE ☐ Delete TITLE ☐ Change HALERZ, JAMES K NAME NAME STREET ADDRESS 1629 HEATHER LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DARIEN IL 60651 MGRM TITLE TITLE ☐ Delete ☐ Change ☐ Addition HALERZ, PATRICIA A NAME NAME STREET ADDRESS STREET ADDRESS 1629 HEATHER LANE CITY-ST-ZIP CITY-ST-ZIP DARIEN IL 60651 **MGRM** Addition TITLE ☐ Detete TITI F **Change** REDDINGTON, JAMES F NAME NAME GTI DURION CT STREET ADDRESS **3711 AGATE COURT** STREET ADDRESS SANIBEL FL 33957 CITY-ST-ZIE CITY-ST-7IP SANIBEL FL 33957 **MGRM** TITLE ☐ Delete TITLE Change Addition REDDINGTON, JUDITH D NAME NAME 671 DURION CT STREET ADDRESS STREET ADDRESS 3711 AGATE COURT CITY-ST-ZIP CITY-ST-ZIP SANIDE SANIBEL FL 33957 ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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 trystee employment of the execute this report as required by Chapter 608, Florida Statutes,

SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE