

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Mar 22, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # L00000004952**

1. Entity Name  
**J.L.C. REAL ESTATE HOLDINGS, LLC**

Principal Place of Business 26960 WYNDHURST COURT #M-202  BONITA SPRINGS FL 34134	Mailing Address 26960 WYNDHURST COURT #M-202  BONITA SPRINGS FL 34134
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2. Principal Place of Business 26960 WYNDHURST COURT Suite, Apt. #, etc. UNIT #202	3. Mailing Address 26960 WYNDHURST COURT Suite, Apt. #, etc. UNIT #202
City & State BONITA SPRINGS FL	City & State BONITA SPRINGS FL

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-3644519</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip 34134	Country FL	Zip 34134	Country FL
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5. Certificate of Status Desired  **\$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**KELLY & PASSIDOMO, LLP**  
 2640 GOLDEN GATE PKWY, STE 305  
  
 NAPLES FL 34105 US

**7. Name and Address of New Registered Agent**

Name  
**KELLY & PASSIDOMO, LLP**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2640 GOLDEN GATE PKWY**  
 SUITE 305  
 City **NAPLES FL** Zip Code **34105**

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 \_\_\_\_\_ DATE **03/22/2001**

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 Department of State**

9. MANAGING MEMBERS / MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COPPE TO ERNEST JMR. 26960 WYNDHURST COURT BONITA SPRINGS FL 34134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COPPE TO JOHN LMR. 26960 WYNDHURST COURT BONITA SPRINGS FL 34134 <input type="checkbox"/> Change <input checked="" 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
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: John L. Coppeto** MGRM 03/22/2001  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)