

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 25, 2003 8:00 am**  
**Secretary of State**

09-25-2003 90041 006 \*\*\*\*50.00

DOCUMENT # L00000005021

1. Entity Name  
**JAYMARK, L.L.C.**



Principal Place of Business  
**500 S.E. 6TH STREET  
FORT LAUDERDALE FL 33301**

Mailing Address  
**3709 CEYLON DRIVE  
GULF BREEZE FL 32561**

**90158695**



2. Principal Place of Business

3. Mailing Address  
**P.O. Box 56316**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

**JACKSONVILLE, FL**

4. FEI Number **65-1026860**

Applied For

Not Applicable

Zip

Country

**32241**

**USA**

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

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

**WEAVER, BEN  
3709 CEYLON DRIVE  
GULF BREEZE FL 32561**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**12966 MANDARIN ROAD  
JACKSONVILLE, FL 32223**

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 September 24, 2003**

## 9. MANAGING MEMBERS/MANAGERS

## 10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete  
NAME **WEAVER, BEN**  
STREET ADDRESS **3709 CEYLON DRIVE**  
CITY-ST-ZIP **GULF BREEZE FL 32561**

TITLE ☐ Change ☐ Addition  
NAME **12966 MANDARIN ROAD**  
STREET ADDRESS **JACKSONVILLE, FL 32223**  
CITY-ST-ZIP

TITLE **MGRM** ☐ Delete  
NAME **WEAVER, DIANE**  
STREET ADDRESS **3709 CEYLON DRIVE**  
CITY-ST-ZIP **GULF BREEZE FL 32561**

TITLE ☐ Change ☐ Addition  
NAME **12966 MANDARIN ROAD**  
STREET ADDRESS **JACKSONVILLE, FL 32223**  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

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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:

**SIGNATURE REQUIRED**

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

Date

Daytime Phone #

**9/23/03 296-9400**

CR2E083 (4/03)