Mar 06 02 09:06p A C BERGMAN CPA

FILED
May 29, 2002 8:00 am
Secretary of State

04-22-2002 90236 037 ****50.00

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000005323

1. Entity Name

JRE, LLC

[redacted]

DO NOT WRITE IN THIS SPACE

- 86790

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
3111 North Andrews Avenue		3111 North Andrews Avenue	
Suite, Apt. #, etc. BLDG 1		Suite, Apt. #, etc. BLDG 1	
City & State Fort Lauderdale, FL		City & State Fort Lauderdale, FL	
Zip 33309	Country USA	Zip 33309	Country USA

4. FEI Number 65-1111983 ☒ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name LanGStroth, Russell

Street Address (P.O. Box Number is Not Acceptable) 3111 N Andrews Avenue

Bldg 1

City Fort Lauderdale FL Zip Code 33309

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 ________

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

FEE IS $50.00
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	mGRm
NAME	weiss, John
STREET ADDRESS	2449 NE 27th Terrace
CITY-ST-ZIP	Fort Lauderdale, FL 33309
TITLE	mGRm
NAME	LanGStroth, Russell
STREET ADDRESS	3111 N. Andrews Avenue BLDG 1
CITY-ST-ZIP	Fort Lauderdale, FL 33309
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E083B (12/01)

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] 4/15/02 954 566-2000

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