

2001 UNIFORM BUSINESS REPORT (UBR)

0015823 AF

DOCUMENT # L00000005580

1. Entity Name
FJK MANAGEMENT, LLC

FILED

01 JUL -5 AM 8:47

Principal Place of Business
230 ROYAL PALM WAY
PALM BEACH FL 33480

Mailing Address
230 ROYAL PALM WAY
PALM BEACH FL 33480

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

JACOBSON, ANDREW M
712 U.S. HWY ONE
NORTH PALM BEACH FL 33408

7. Name and Address of New Registered Agent

Name FREDERICK J. KEITEL III MGRM
Street Address (P.O. Box Number is Not Acceptable)
230 ROYAL PALM WAY
Ste 401 (PO BOX 3243)
City PALM BEACH FL Zip Code 33480

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

Frederick J. Keitel III MGRM 4/19/01

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	MGRM	<input type="checkbox"/> Delete
NAME	FREDERICK J. KEITEL III MGRM	
STREET ADDRESS	230 ROYAL PALM WAY Ste 401	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	500004475395	
STREET ADDRESS	-07/13/01--01100--015	
CITY-ST-ZIP	*****50.00 *****50.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date MGRM - Daytime Phone #

Frederick J. Keitel III MGRM 361 310 6864

CR2E083 (11/00)