

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90011 035 ****50.00

DOCUMENT # L 00000006003

1. Entity Name Just Friends LLC

DO NOT WRITE IN THIS SPACE

954166

2. Principal Place of Business
944 Versailles Circle

3. Mailing Address
Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Maitland, Florida

City & State

4. FEI Number 59-3647645

Applied For
Not Applicable

Zip 32751

Country USA

Zip

Country

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

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name C. Thomas Selby

Street Address (P.O. Box Number is Not Acceptable)
250 International Parkway

Suite 150

City Heathrow,

FL

Zip Code 32746

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

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

DATE

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

8. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	Manager James L. Boebinger 944 Versailles Circle Maitland, FL 32751
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Manager C. Thomas Selby 250 International Pkwy, Ste. 1500 Heathrow, FL 32746
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Manager Antone Joseph McCloskey 3433 Ashton Oaks Cove Longwood, FL 32779
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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 PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

J.L. BOEBINGER

Date

Daytime Phone #

4/29/02 407-716 5152

CR2E089B (12/01)