

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90231 040 \*\*\*\*50.00

**DOCUMENT # L00000006003**



1. Entity Name  
**JUST FRIENDS, LLC**

Principal Place of Business      Mailing Address  
**944 VERSAILLES CIR                      944 VERSAILLES CIR**  
**MAITLAND FL 32751                      MAITLAND FL 32751**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **59-3647645**      Applied For  
Not Applicable

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



CHECK HERE IF MAKING CHANGES

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

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

**SELBY, C. THOMAS**  
**250 INTERNATIONAL PARKWAY, SUITE 150**  
**HEATHROW FL 32746**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City      **FL**      Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

**9. MANAGING MEMBERS / MANAGERS**      **10. ADDITIONS / CHANGES**

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE	NAME	TITLE	NAME
MGR	SELBY, C. THOMAS		
	250 INTERNATIONAL PKWY, STE 1500		
	MAITLAND FL 32751		
MGR	MCCLOSKEY, JOSEPH		
	3433 ASHTON OAKS COVE		
	LONGWOOD FL 32779		
MGR	BOEBINGER, JAMES		
	944 VERSAILLES CIRCLE		
	MAITLAND FL 32751		

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]*      **SIGNATURE REQUIRED**      *4/18/03*      *407-740-5152*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #

CR2E083 (10/02)