2001 UNIFORM BUSINESS REPORT (UBR) APPROVEU L00000006759 DOCUMENT # 1. Entity Name JVB FINANCIAL GROUP., L.L.C. 01 APR 24 AM 9: 54 SECRETARY OF STATE TĂŬĿĂĤASSEE, FLORIDA Principal Place of Business Mailing Address 1177 GEORGE BUSH BLVD 1177 GEORGE BUSH BLVD SUITE 308 SUITE 308 DELRAY BEACH FL 33483 **DELRAY BEACH FL 33483** 2. Principal Place of Business Mailing Address 3185 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 100 Applied For Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent STILLMAN, L. VAN Street Address (P.O. Box Number is Not Acceptable) LAW OFFICE OF L. VAN STILLMAN PA 1177 GEORGE BUSH BLVD SUITE 308 DELRAY BEACH FL 33483 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. -05/11/01--01021--031 FILE NOW!!! FEE IS \$50.00 *****50.00 ****50.00 Make Check Payable to Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MEMBERS 9. Addition **Change** TITLE MGR □ Delete TRESIDENT NAME VINCENT W. BUTKENILS BUTKEVITS, VINCET W 1177 GEORGE BUSH BLVD SUITE 308 STREET ADDRESS 3785 N. FEDERAL HIGHWAY STREET ADDRESS CITY-ST-7IP <u>FL_3343</u> **DELRAY BEACH FL 33483** CITY-ST-ZIP BOLA PLATON Change **Addition** TITLE □ Delete TITLE SECRETARY / TAEASURER NAME NAME JAMES K. FERRY 3985 N. FEDERAL Highway BOOD RATON, FL 3343 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Detete TITLE OFFICER ☐ Change TITLE JERREII W. LEATNERS NAME NAME STREET ADDRESS STREET ADDRESS 3185 N. FEDERAL HIGHWAY CITY-ST-ZIP CITY-ST-ZIP BOLA RATON, FL 33431 Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP

Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Addition