

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000006769

1. Entity Name
JAZZPENG0 LLC

FILED

01 APR 25 PM 5:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
305 EBB TIDE CT. 305 EBB TIDE CT.
S. PONTE VEDRA BEACH FL 32082 S. PONTE VEDRA BEACH FL 32082

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 59-3654075 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PENCE, ROBERT
305 EBB TIDE CT.
S. PONTE VEDRA BEACH FL 32082

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.

SIGNATURE 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

10. ADDITIONS/CHANGES

TITLE NAME Robert Pence
STREET ADDRESS 305 Ebb Tide Ct.
CITY-ST-ZIP S. Ponte Vedra Bch, FL 32082

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Julie A. Pence
STREET ADDRESS 305 Ebb Tide Ct.
CITY-ST-ZIP S. Ponte Vedra Bch, FL 32082

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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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/23/01 904-808-1491 Date Daytime Phone #

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CR2E083 (11/00)