

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90391 012 ****50.00

DOCUMENT # L00000009159

1. Entity Name

JJD, LLC

Principal Place of Business

107-B JFK CIRCLE
ATLANTIS FL 33462

Mailing Address

107-B JFK CIRCLE
ATLANTIS FL 33462

956039



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3925 W Boynton Beach Blvd

3. Mailing Address

3925 W Boynton Beach Blvd

Suite, Apt. #, etc.

Ste 110

Suite, Apt. #, etc.

Ste 110

City & State

Boynton Beach FL

City & State

Boynton Beach FL

Zip

33436

Country

Palm Beach

Zip

33436

Country

Palm Beach

6. Name and Address of Current Registered Agent

BAILIN, JOSHUA
107-B JFK CIRCLE
ATLANTIS FL 33462

7. Name and Address of New Registered Agent

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGR	ARRASCUE, JOSE F	107-B JFK CIRCLE	ATLANTIS FL 33462	<input type="checkbox"/>
MGR	HALPERT, DAVID	107-B JFK CIRCLE	ATLANTIS FL 33462	<input type="checkbox"/>
MGR	BAILIN, JOSHUA	107-B JFK CIRCLE	ATLANTIS FL 33462	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

CR2E083 (9/01)

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 REQUIRED**

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

04/22/01

361-740-4025

Date

Daytime Phone #