

# 2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

01 MAY -1 PM 5:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0017232 AF

DOCUMENT # L00000010212

1. Entity Name

SJC VENTURES XI, LLC

Principal Place of Business

533 SOUTH HOWARD AVENUE. #8  
TAMPA FL 33606

Mailing Address

533 SOUTH HOWARD AVENUE. #8  
TAMPA FL 33606

2. Principal Place of Business

533 S. HOWARD AVE

3. Mailing Address

533 S. HOWARD AVE

Suite, Apt. #, etc.

PMB # 853

Suite, Apt. #, etc.

PMB # 853

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip

33606

Country

USA

Zip

33606

Country

USA

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional

Fee Required

6. Name and Address of Current Registered Agent

SINGLETON, STEVEN D

101 E. KENNEDY BLVD., SUITE 2700

TAMPA FL 33602

7. Name and Address of New Registered Agent

Name RIVERSON S. LEONARD

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

829-B E. GULF BLVD

City INDIAN ROCKS

FL

Zip Code

33485

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.

(NOT: Registered Agent signature required when reinstating)

RIVERSON S. LEONARD, RA

4/20/01

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

300004287919--8  
-05/22/01--01098--021  
\*\*\*\*\*55.00 \*\*\*\*\*55.00

9. MANAGING MEMBERS/MEMBERS

TITLE DIRECTOR  
NAME RIVERSON S. LEONARD  
STREET ADDRESS 829-B E. GULF BLVD  
CITY-ST-ZIP INDIAN ROCKS, FL 33485

☐ Delete

TITLE  
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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☒ Addition

TITLE  
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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

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: RIVERSON S. LEONARD  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/20/01  
(727) 489-9880

CR2E083 (11/00)