2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0000011004 1. Entity Name JTL HOLDINGS, LLC Principal Place of Business 420 LINCOLN ROAD. COMPANY MIAMI FL 33139 MIAMI FL 33139 MIAMI FL 33139								OI FEB 19 AM II: 12 SECRETARY OF STATE TALE AHASSEE, FLORIDA				
2. Principal Place of Business				3. Mailing Address					.	- - - - - - - - - - - -	31() 6 (6) (11)	
Suite, Apt. #, etc.			Su	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State				City & State			4. FEI Number Applied For Not Applicable					7
Zip	Zip Country			Zip Coun		try	5. Certificate of Status Desired					
	6. Name	and Address of Cur	rent Register	red Agent		Name 44	7. Name	and Address of Nev		l Agent		1
A.G.C. CO.								NRY T. LOUDEN				
200 SOUTH		Street Address	(P.O. Box N	umber is Not Accepta	ピン.							
SUNTRUST (SUITE 2300											
ORLANDO FL 32801						City MIXMI BEXCH FL Zip Code						
8. The above na	ımed entity	submits this sateme	nt the pur	pose of changing its	registere	ed office or registe	ered agent, e	or both, in the State of	Florida.			
SIGNATURE			· 1	HENRY ,	<u> </u>	OVDEN		1/30	101			
Sig	nature, typed (or printed name of paristired a	agent and title if ap	<u> </u>	•	d Agent signature require	:	19)	DATE			1
\$- 4	.*			FILE No Make Check Pa		FEE IS \$50.00 o Department						
9.		MANAGING MI	EMBERS/ME	MBERS	10.			ADDITION	IS/CHANGE	:S		-
TITLE NAME	HEN. 420 M/K/	EYT. LO. LINCOLK 41 BEAC	UDEN I ED	Delete President	SIRE	1				☐ Change	☐ Addition	1 000
TITLE NAME STREET ADDRESS CITY-ST-ZIP		·	•	☐ Delete				30000: -02/3	21/01	□ Change 3.48 :3- 01126	Addition 	Č
NAME STREET ADDRESS CITY-ST-ZIP	-			Delete			Sp. delen ₹	- ****	**50.00	The trianger	St. Addition	
TITLEO NAME - STREET ADDRESS CITY-ST-ZIP				☐ Delete						☐ Change	☐ Addition	•
TITLE NAME STREET ADDRESS CITY-ST-ZIP		÷	-	☐ Delete				M	/	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete	CITY	et address - St-Zip				☐ Change	Addition	
11. I hereby certify that the information supplied with this filling 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 significant 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 true empower of to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE:												