

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90032 022 ****50.00

DOCUMENT # **L00000012695**
1. Entity Name
J m J Properties, LLC ✓

DO NOT WRITE IN THIS SPACE

956180

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
630 U.S. Highway 1
Suite, Apt. #, etc.
Suite 300

3. Mailing Address
Same
Suite, Apt. #, etc.

City & State
North Palm Beach, FL

City & State

Zip
33408

Country
Palm Beach

Zip

Country

4. FE Number
65-106 3175

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Justin Weisenbacher**

Street Address (P.O. Box Number is Not Acceptable)
630 Highway U.S. 1

Suite 300

City **North Palm Beach FL** Zip **33408**

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 _____ DATE _____
Signature: typed or printed name of registered agent and tick if applicable. (NOTE: Registered Agent signature required when re-instating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

January 1 - May 1 Fee is \$450.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Justin Weisenbacher - P 630 Highway U.S. 1/Suite 300 North Palm Beach, FL 33404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Matthew Marini - S 2305 Riverwoods Dr. Naperville, FL 60525
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chris Gagnon - VP 212 Blossom Lane Palm Beach Shores, FL 33404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	John Demarinis 187 Yale Dr. Lake Worth, FL 33460
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13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ DATE _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)