2001	UNIFORM	BUSINESS	REPORT	(UBR
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DOCUMENT # L0000014413 1. Entity Name JTM, L.L.C.					FILED OI APR -2 AM 9:50						
Principal Place of Business Mailing Address 632 STONEFIELD LOOP LAKE MARY FL 32746 LAKE MARY FL 32746						SECRETARY TALLAHASSE	E, FLUR	IDA	4 N iboo arka 1 00 4		
	District Dis			· · ·							
·	Place of Business - WASHINGTON ST.	3. Mailing Address 14 EAST WA	SHIN	GTON ST		,			МЈН		
Suite, Apt. #, etc. Suite Suu		Suite, Apt. #, etc. SuiTE 500			DO NOT WRI	TE IN THIS S	PACE	tai Al			
City & State		City & State		4. FEIN			-	oplied For]		
Zip	Country	ORCANDO, FL	Cour	ntry	APPL	(ED) Fo C licate of Status Desired		5.00 Add	ot Applicable ditional	1	
3 280	6. Name and Address of Current F	32801	<u> </u>	s/ +		and Address of New F	<u>ا</u> ا	ee Require		-	
	b. Name and Address of Current P	Registered Agent		Name		and Address of New F	egistered A	Aaur.	-	1	
LIPSON,				Street Address	Street Address (P.O. Box Number is Not Acceptable)						
9350 S. I Miami Fl	DIXIE HWY., STE. 1550									1	
IAIR-MAIL I F	, 00100			City			FL	Zip Cod	le	$\frac{1}{2}$	
O. The above	named entity submits this statement for	the purpose of changing its	ragistor		arod agont a	or both in the State of Ek		<u> </u>		╣	
6. The above	named entity submits this statement for	the burbose of changing its	register	ed dilice of registe	aeu ayean, i	DI DOM, MI UIB GIALE OFFIC	Jirga.				
SIGNATURE	Signature, typed or printed name of registered agent an	nd title if applicable. (NOTE	: Registere	ed Agent signature require	d when reinstati	ng)	DATE				
	4	FII E NO	JW/111	FEE IS \$50.00						7	
		Make Check Pay									
9.	MANAGING MEMBE	RS/MEMBERS	10.			ADDITIONS	/CHANGES			-	
TITLE	P	☐ Delete	TITL	.E				☐ Change	☐ Addition	16	
NAME STREET ADDRESS	MICHABL LEWIS 14 EAST WASHINGTON ST	, 57E 500	NAN Stri	NE EET ADDRESS						5	
CITY-ST-ZIP	ORLANDO, FL 3280		CITY	f-ST-ZIP						000	
TITLE NAME	UP/S HARRY TIMMONS	☐ Delete	TITL Nam	£ .				☐ Change	Addition	5	
STREET ADDRESS	14 EAST WASH.NETON S	•	STR	EET ADDRESS		40000 3 -04/1	3 99 5	1934 1111-	⊦ ጉ -በበ8		
CITY-ST-ZIP	ORIANDO PL 328		CITY	r-st-zip	······································	*****	*50.00	****** □ Change	•50,00	-	
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STREET ADDRESS CITY-ST-ZIP				EET ADORESS /-ST-ZIP							
TITLE		☐ Delete	TITL				•	☐ Change	Addition	1	
NAME Street address			NAM	ME EET ADDRESS							
CITÝ-ST-ZIP				r-ST-ZIP							
TITLE		□ Delete	TITL					☐ Change	Addition]	
NAME STREET ADDRESS			nam Stri	EET ADDRESS	•						
CITY-ST-ZIP		M • · ·	+	/-ST-ZIP				Obsessed.		-	
TITLE NAME		☐ Delete	TITL					☐ Change	☐ Addition		
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS (-ST-ZIP							
11. I hereby o	l	his filing does not qualify for	the exe	emption stated in S	ection 119.0	07(3)(i), Florida Statutes.	I further certi	fy that the in	nformation	1	
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.											
SIGNAT	TIRE: ALACA	UNE BEOME	(AG2	Diene		3/27/01					
SIGNAL	SIGNATURE AND TYPED OR PRINTED NAME OF	SIGNING MANAGING MEMBER, MAN	AGER, OR	AUTHORIZED REPRESI	ENTATIVE	Date	Day	ytime Phone #			