FILED
May 23, 2003 8:00 am
Secretary of State
05-23-2003 90046 005 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

10105846

DOCUMENT # L00000014745

1. Entity Name
J & A, L.L.C.

Principal Place of Business	Mailing Address
7135 YACHT BASIN AVE. #213 ORLANDO, FL 32835	7135 YACHT BASIN AVE. #213 ORLANDO, FL 32835

2. Principal Place of Business		3. Mailing Address	
7571 SAND LAKE POINT Loop		7571 SAND LAKE POINT LOOP	
Suite, Apt. #, etc. 301		Suite, Apt. #, etc. 301	
City & State ORLANDO FL		City & State ORLANDO FL	
Zip 32809	Country	Zip 32809	Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3683719 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MARTINEZ, JOHN 7135 YACHT BASIN AVE. #213 ORLANDO, FL 32835	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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR MARTINEZ, JOHN 12176 WINDERMERE CROSSING CIR WINTER GARDEN, FL 34787 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR MARTINEZ, CARMEN ALICIA S. 7571 SAND LAKE POINT LOOP # 301 ORLANDO FL. 32809 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR MARTINEZ JOHN 7571 SAND LAKE POINT Loop # 301 ORLANDO FL. 32809 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (10/02)

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] 05.20.03 407 2404371

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #