

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000015263

1. Entity Name

JJP PINES 9, LLC

Principal Place of Business
1077 PONTE VEDRA BLVD.
PONTE VEDRA BEACH, FL 32082

Mailing Address
120 SOUTH SIDE SQUARE
HUNTSVILLE, AL 35801

FILED

01 MAY 11 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3686386

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRANT, MOORE, SAPP, MACDONALD & WELLS, PA
50 NORTH LAURA ST.
SUITE 3100
JACKSONVILLE, FL 32202

7. Name and Address of New Registered Agent

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.

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 Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
BENSON DESIGN & BUILDING, INC. ☐ Delete
P.O. BOX 6030
SNOWMASS VILLAGE, CO 81615

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PERFORMANCE CONSULTANTS
OF NORTH FLORIDA, INC. ☐ Delete
1077 PONTE VEDRA BLVD.
PONTE VEDRA BEACH, FL 32082

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
WILLIAM E. ROSENTHAL ☐ Delete
604 EAST 4TH STREET, SUITE 201
FORT WORTH, TX 76102

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
200004376832--2
-06/08/01--01007--013
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
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: *Ela B. Amy, CPA HENRY & ACM, PC*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/27/01