2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000015610

1. Entity Name
J.E.D./ALLEN OF S.W. FLORIDA, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 MAY -7 PM 1:20

Principal Place of Business	Mailing Address
9130 CORSEA DEL FONTANA NAPLES, FL 34109	9130 CORSEA DEL FONTANA NAPLES, FL 34109

[X] CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
321 First Avenue N.	321 First Avenue N.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Minneapolis, MN	City & State: Minneapolis, MN
Zip: 55401 Country: USA	Zip: 55401 Country: USA

4. FEI Number: 36-4433789 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

MONACO, MARY W
9130 CORSEA DEL FONTANA WAY
NAPLES, FL 34109

7. Name and Address of New Registered Agent

Name: John N. Allen
Street Address (P.O. Box Number is Not Acceptable): 100 Kingstown Drive
City: Naples FL Zip Code: 34102

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: John N. Allen [signature] 4-30-03
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	MGRM D'JAMOS, JOSEPH E 9130 CORSEA DEL FONTANA WAY NAPLES, FL 34109	[X] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sole Managing Member John N. Allen 321 First Avenue North Minneapolis, MN 55401	☐ Change [X] 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] John N. Allen, Sole Managing Member 612-332-0139
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

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