2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0000016347

1. Entity Name

JBECK PROPERTIES, L.L.C.



FILED Feb 05, 2003 8:00 am Secretary of State 02-05-2003 90032 032 ****50.00

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Principal Place of Business			Mailing Address			1									
910 HAMILTON PLACE LANE 9			910 HAMILTON PLACE LANE LAKELAND FL 33813			20023366									
2. Principal Place of Business 3			3. Mailing Address	3. Mailing Address											
Suite, Apt.	#, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES								
City & State			City & State			4. FEI Num	ber 59-3688687		<u> </u>	oplied For]				
Zip Country			Zip	try	5. Certifica	ditional ed	1								
	6. Name	and Address of Current	Registered Agent	·		7. Name ar	nd Address of New Re	gistered A	ent]				
CDA	COE IAME	30 M			Name										
910		PLACE LANE		- S			Street Address (P.O. Box Number is Not Acceptable)								
LAKELAND FL 33813				City				-	Zip Code						
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	named entit ions of regist		the purpose of changing its	registere	ed office or registe	red agent, or b	ooth, in the State of Flori	ida. I am fa	miliar with,	and accept					
SIGNATURE .	Signature, typed	or printed name of registered agent a	nd title if applicable. (NOTI	E: Registere	d Agent signature required	d when reinstating)	· · · · · · · · · · · · · · · · · · ·	DATE							
		•	Make Check Payabl	e to Flo	FEE IS \$50.00 orida Departme ay/1, 2003	nt of State									
9.		MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS/0	CHANGES			_				
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NAME	_	JAMES M	•	NAM							=				
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	ertify that the	e information supplied with	this filing does not qualify for			ection 119.07/3	B)(i), Florida Statutes L	further certif	v that the i	nformation	1				
indicated	on this repor	t is true and accurate and	that my signature shall have empowered to execute this	the same	e legal effect as if r	nade under oa	th; that I am a managii	ng member	or manage	or of the					

1/28/03

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2. Principal Pl		ess	3. Mailing Address Suite, Apt. #, etc.					DO	NOT WRI	TE IN THI	S SPA	CE		
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Zip Country			Zip	Coun	try		5. Certific	ate of Statu	s Desired			.00 Add		-
	6. Name	and Address of Current	Registered Agent		Name		7. Name	and Addres	s of New F	legistered				╡ .
GRASSE, JAMES M 910 HAMILTON PLACE LANE LAKELAND FL 33813					,44	ddress (P.	O. Box Nu	mber is Not	Acceptable	e)				
					City					F	L	Zip Cod	e	-
8. The above	named entity	submits this statement for	or the purpose of changing its	s registere	ed office or	registered	d agent, or	both, in the	State of Flo	orida.			No. or page	1
SIGNATURE _	Signature, typed of	or printed name of registered agent	and title if applicable. (NOT		d Agent signatu				101	DATE				
					o Departr ay 1, 2002		State 1	17703	U1U41-	-001	未来	50.00		
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SIGNAT		NO TYPED OF PRINTED NAME O	F SIGNING MANAGING MEMBER, MA	NAGER, OR	Ž <u>J</u> AUTHORIZED	REPRESENT	ATIVE	/ / 3	(03		Daytime	s Phone #		