

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

03-05-2002 90018 016 ****50.00

DOCUMENT # L01000000495

1. Entity Name

JACARANDA ASSOCIATES, LLC

Principal Place of Business

3714 CADBURY CIRCLE
 VENICE FL 34293

Mailing Address

3714 CADBURY CIRCLE
 VENICE FL 34293

22220



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

c/o Lou E. Crown
 Suite, Apt. #, etc.
 3730 Cadbury Cir. #300

3. Mailing Address

c/o Lou E. Crown
 Suite, Apt. #, etc.
 3730 Cadbury Cir. #300

City & State

Venice, FL

City & State

Venice, FL

4. FEI Number

65-1074424

Applied For

Not Applicable

Zip

34293

Country

USA

Zip

34293

Country

USA

5. Certificate of Status Desired

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CROWN, LOU E
 3714 CADBURY CIRCLE
 VENICE FL 34293

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CROWN, LOU E 3714 CADBURY CIRCLE VENICE FL 34293 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RENDA, BRUCE 3714 CADBURY CIRCLE VENICE FL 34293 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 of Lou E. Crown* Mgr. 2/15/02 (941) 408-2300
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)