

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L01000001442

FILED  
Apr 23, 2002 8:00 AM  
Secretary of State

Entity Name: LTJ GROUP III, L.L.C.

## Current Principal Place of Business:

2821 CATTLEMEN RD.  
SARASOTA, FL 34232

## New Principal Place of Business:

## Current Mailing Address:

2821 CATTLEMEN RD.  
SARASOTA, FL 34232

## New Mailing Address:

FEI Number: 36-4348634

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CHAPNICK, BRUCE P ESQ.  
2033 MAIN ST., STE. 600  
SARASOTA, FL 34237 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGRM ( ) Change (X) Addition  
Name: TORTORETTI, JOSEPH A  
Address: 559 BEACH ROAD  
City-St-Zip: SARASOTA, FL 34242

Title: MGRM ( ) Change (X) Addition  
Name: TORTORETTI, TODD J  
Address: 8535 GREAT MEADOW  
City-St-Zip: SARASOTA, FL 34238

Title: MGRM ( ) Change (X) Addition  
Name: TORTORETTI, LYNN K  
Address: 559 BEACH ROAD  
City-St-Zip: SARASOTA, FL 34242

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JOSEPH A. TORTORETTI

MGRM

04/23/2002

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date