## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

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

	NIFORM BUSIN	<del></del>	r (u	JBR)	1				
DOCUMENT # L0100001509  1. Entity Name JC LAND GROUP, L.L.C.					FILED 2003 APR 11 PM 9: 33				
Principal Place of Business 2655 MCCORMICK DRIVE. SUITE 200 CLEARWATER FL 33759		Mailing Address 2655 MCCORMICK DRIVE. CLEARWATER FL 33759	2655 MCCORMICK DRIVE. SUITE 200		DIVISION OF CORPORATIONS FALLAHASSEE, FLORIDA				
2. Principal Place of Business		3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES				
City & State		City & State	City & State		4. FEI Number 59-37071	)1	_	plied For	]
Zip Country		Zip	Country		5. Certificate of Status Desired		.00 Add	litional	1
	6. Name and Address of Curre	nt Registered Agent	<del>-</del> ,		7. Name and Address of New	Registered Age	nt		]
TEW	, JOEL R			Name					
265	5 MCCORMICK DRIVE, SUITE 20 ARWATER FL 33759	0	Street Address (		P.O. Box Number is Not Acceptab	e)			
			•	City			Zip Code		-
	· · · · · · · · · · · · · · · · · · ·			<u> </u>		┸			
	named entity submits this statement tions of registered agent.	for the purpose of changing its	registere	ed office or register	ed agent, or both, in the State of F	orida. I am famil	liar with, a	and accept	
SIGNATURE	Signature, typed or printed name of registered age	int and title if applicable. (NOT	E: Registere	d Agent signature required	when reinstating)	DATE		<del></del>	
-		FILE NO Make Check Payab Due	OW!!! I le to Flo e By Ma	FEE IS \$50.00 orida Departmer ay 1, 2003	500015 nt of State 1/0301012	74339 ?008 **	15 1375.(	00	
9.		BERS/MANAGERS	10.		ADDITIONS	/CHANGES			1_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM IRICK, ANDREW G II 3072 HAMPTON COURT CLEARWATER FL 33761	☐ Delete					Change	Addition	CR2E083 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		1			Change	☐ Addition	CR2
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	☐ Delete	4	- (			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY	E Et address -St-Zip		·	Change .	Addition	
11. I hereby of indicated limited lia	certify that the information supplied w on this report is true and accurate an bility company or the receiver or trust	ith this filing does not qualify for d that my signature shall have ee empowered to execute this	the exer the same report as	mption stated in Se e legal effect as if m required by Chapt	ction 119.07(3)(i), Florida Statutes, ade under oath; that I am a mana er 608, Florida Statutes.	I further certify to ging member or	hat the in manager	formation of the	

3/11/02