2002 UNIFORM BUSINESS REPORT/(UBR)

SIGNATURE AND TYPED O

Apr 21, 2002 8:00 am Secretary of State DOCUMENT # L01000001914 03-13-2002 90094 031 ****50.00 1. Entity Name JPM. LIC Principal Place of Business Mailing Address 5300 W. ATLANTIC AVE., SUITE 701 5300 W. ATLANTIC AVE., SUITE 701 DELRAY BEACH FL 33484 **DELRAY BEACH FL 33484** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 107 City & State City & State Applied For Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MORAN, JOSEPH P Street Address (P.O. Box Number is Not Acceptable) 5300 W. ATLANTIC AVE., SUITE 701 DELRAY BEACH FL 33484 City 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 (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 President TITLE Change Addition TITLE ☐ Delete Joseph P. Moran NAME NAME 530d W. Atlantic Ave suite 701 Delray Beach, PL. 33484 STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Deleta TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ... ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP ☐ Change ☐ Addition TITLE ☐ Delate TITLE NAME NAME STREET ADDRESS STREET ADORESS C/TY-ST-7/P CITY-SI-7IP 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

G MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Daytime Phone #