

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90598 019 ****50.00

DOCUMENT # L01000002107 ✓
1. Entity Name
JL AC PROPERTIES LLC

DO NOT WRITE IN THIS SPACE

958382

2. Principal Place of Business <u>605 NW 31ST AVE</u>		3. Mailing Address	
Suite, Apt. #, etc. <u>C-1</u>		Suite, Apt. #, etc. <u>SAME</u>	
City & State <u>POMPAUNO BCH FL</u>		City & State	
Zip <u>33069</u>	Country <u>USA</u>	Zip	Country
4. FEI Number <u>65-1078608</u>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name <u>JOSEPH LAMB</u>
Street Address (P.O. Box Number is Not Acceptable) <u>605 NW 31ST AVE</u>
City <u>POMPAUNO BCH FL</u>
Zip Code <u>33069</u>

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. DATE _____

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>JOSEPH LAMB</u> <u>605 NW 31ST AVE</u> <u>POMPAUNO BCH FL 33069</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E083B (12/01)

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] JOSEPH LAMB 4/28/02 9549244263