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Secretary of State
04-09-2003 90044 038 ****50.00

30052113

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000002887

1. Entity Name
JADOV/LEVY INVESTMENTS, LLC

Principal Place of Business	Mailing Address
2325 MAGNOLIA DRIVE PANAMA CITY, FL 32408	2325 MAGNOLIA DRIVE PANAMA CITY, FL 32408

2. Principal Place of Business	3. Mailing Address
14470 PALM	14470 PALM
Suite, Apt. #, etc. BEACH POINT BLVD	Suite, Apt. #, etc. BEACH POINT BLVD
City & State WELLINGTON, FL	City & State WELLINGTON FL
Zip 33414 Country US	Zip 33414 Country US

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3715015 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PERRI, DANIEL C
4 ELEVENTH AVENUE SUITE ONE
SHALIMAR, FL 32579

7. Name and Address of New Registered Agent

Name GREG ISBELL
Street Address (P.O. Box Number is Not Acceptable) 14470 PALM BEACH POINT BLVD
City WELLINGTON FL Zip Code 33414

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] 3·20·03
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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR MARTINELLI, DAVID E 2325 MAGNOLIA DR. PANAMA CITY, FL 32408 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR FRANK L. LEVY 312 N. CAUSEWAY BLVD Metairie, LA 70001 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (10/02)

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] 3/20/03 561 833-9631
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #