

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

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**  
05-02-2003 90580 028 \*\*\*\*50.00

DOCUMENT # L01000003027

1. Entity Name

ELENI PROPERTIES, LLC



**DO NOT WRITE IN THIS SPACE**

30066823

2. Principal Place of Business

6753 Linford Ln.

Suite, Apt. #, etc.

3. Mailing Address

6753 Linford Ln.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

59-3701788

Applied For

Not Applicable

Zip

32217

Country

DUVAL

Zip

32217

Country

DUVAL

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

THEODORE S. JOHNSON

Street Address (P.O. Box Number is Not Acceptable)

6753 Linford Ln.

JACKSONVILLE, FL

City

FL

Zip Code

32217

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 of Theodore S. Johnson*

4/25/03

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSD  
THEODORE S. JOHNSON  
6753 Linford Ln.  
JACKSONVILLE, FL 32217

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PATRICIA O. JOHNSON  
6753 Linford Ln.  
JACKSONVILLE, FL 32217

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**DO NOT WRITE  
IN THIS SPACE**

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

4/25/03

Date

Daytime Phone #

904  
732-5544

CR2E083B (12/02)