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

## **FILED** Jun 05, 2003 8:00 am Secretary of State

DOCUMENT # L0100006165  1. Entity Name  F&J INVESTMENTS, L.L.C.						05-05-2003	3 92170 (	)42 ***	*50.00	
Principal Plac	e of Business	Mailing Address			1		•			
40001 EMERALD COAST PARKWAY DESTIN FL 32541		40001 EMERALD COAST PARKWAY DESTIN FL 32541			44003413					
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES					
City & State		City & State			4. FEI Nun	nber <b>59-3729898</b>		<del></del>	pplied For ot Applicable	]
Zip	Country	Zip	Coun	itry	5. Certifica	ate of Status Desired		bA <b>00.č</b> ee Require		
	5. Name and Address of Current	Registered Agent		Name	7. Name a	nd Address of New Re	glatered Ac	jent		4
MAT	THEWS, DANA C ESQ.	سنين برد در سي <u>ان در </u>	_•••	Name			-4	<u> </u>		_
	HIGHWAY 98 EAST TIN FL 32541			Street Address (F	P.O. Box Num	ber is Not Acceptable)				$\downarrow$
			*	City	<del>,</del>		FL	Zip Coo	le	┪
	named entity submits this statement for ions of registered agent.	r the purpose of changing It	s register	ad office or register	ed agent, or i	ooth, in the State of Flor	ida. I am fa	miliar with.	and accept	1
SIGNATURE .	Signature, typed or printed name of replatered agent.	and title H applicable. (NO	E: Registere	d Agent eignature required	when reinstating)	<del></del>	DATE		<del></del>	
	<del> </del>			FEE IS \$50.00	<del></del>	[				1
	•	Make Check Payat			nt of State	;				
				ay 1, 2003		ļ				
9.	MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS/C	HANGES			_ر
TITLE	MGRM	☐ Delete	TITLE	t t			C	Change	Addition	Ş
NAME STREET ADORESS	ETJ PROPERTIES, INC. 307 OSCCOLA COURT		NAM STRE	E Et aodress						13
CITY-ST-ZIP	NICEVILLE FL 32578		1	-ST-ZIP		1				Ì
TITLE	1405442515	☐ Delete	TITLE			<del>;</del>		Change	Addition	48
NAME			NAM			一个一		•	, ,	1
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS ST-ZIP	i wata i					
TITLE		☐ Delete	TILE	<del></del>		, e		Change	☐ Addition	4
NAME		□ වසිනම	NAME	1			L	_1 Change	Magnion	
STREET ADDRESS			STRE	ET ADDRESS	•	. • •				
CITY-SI-ZIP			CITY	-ST-ZIP						]
TITLE		Dalete	TITLE				C	Change	☐ Addition	
NAME STREET ADDRESS			NAME	ET ADORESS						
CITY-ST-ZIP				ST-ZIP						l
TITLE		Delete	TITLE					Change	☐ Addition	1
NAME			NAME	.						
STREET ADDRESS CITY-ST-ZIP				T ADORESS ST-ZIP						1
TITLE	<del></del>	· Delate	TITLE			<del></del>		Change	☐ Addition	1
NAME	•	المواول حب	NAME	1				_		
STREET ADDRESS			3	T ADDRESS						
CITY-ST-ZIP				ST-ZIP						1
11. I hereby c indicated limited liat	ertify that the information supplied with on this report is true and accurate and bility company of the receiver or trustee	this filling does of qualify to that my signature shall have empowered to execute this	the same reportes	nptien stated in Sec Jegal effect as if ma required by Chapte	ade under oa ar 608, Florida	l)(i), Florida Statutes. I fu th; that I am a managin a Statutes.	urther certify g member o	that the ir ir manage	nformation r of the	

Fillward Johnson 5-1-03 850 654-7211