


# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2003 8:00 am**  
**Secretary of State**

04-03-2003 90014 024 \*\*\*\*50.00

|   |         |   |         |
|---|---------|---|---------|
| <b>DOCUMENT # L01000006596</b>  |         |  |         |
| 1. Entity Name<br><b>CEE JAY, LLC</b>   |         |   |         |
| Principal Place of Business<br><b>C/O 9000 SW 152ND ST., STE. 102<br/>MIAMI FL 33157</b>  |         | Mailing Address<br><b>C/O 9000 SW 152ND ST., STE. 102<br/>MIAMI FL 33157</b>      |         |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   |         | 3. Mailing Address<br>Suite, Apt. #, etc.   |         |
| City & State  |         | City & State  |         |
| Zip   | Country | Zip   | Country |
| 6. Name and Address of Current Registered Agent<br><b>BROWN, B. MACKAY ESQ<br/>C/O WHITE &amp; BROWN, P.A.<br/>9000 SW 152ND ST., STE. 102<br/>MIAMI FL 33157</b>   |         | 7. Name and Address of New Registered Agent                                       |         |
|   |         | Name  |         |
|   |         | Street Address (P.O. Box Number is Not Acceptable)                                |         |
|   |         | City  |         |
|   |         | FL 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. I am familiar with, and accept the obligations of registered agent. |         |   |         |
| SIGNATURE   |         | DATE  |         |
| Signature, typed or printed name of registered agent and title if applicable.   |         | (NOTE: Registered Agent signature required when reinstating)                      |         |



CHECK HERE IF MAKING CHANGES

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number <b>65-1098353</b>                           | Applied For                           |
|   | Not Applicable                        |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional Fee Required |

**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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGRM<br/>BROWN, MACKAY B<br/>9000 SW 152 ST 102<br/>MIAMI FL 33157</b> <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGRM<br/>RIGHETTI, THOMAS R<br/>13724 SW 92 CT<br/>MIAMI FL 33176</b> <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGRM<br/>WILLIAMSON, THOMAS<br/>7815 SW 104 ST<br/>MIAMI FL 33156</b> <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGRM<br/>RUSSO, ROBERT<br/>13205 SW 71 AVE<br/>MIAMI FL 33156</b> <input type="checkbox"/> Delete                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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]* **SIGNATURE REQUIRED** **3/31/03** **305 259-8200**

CR2E083 (10/02)