Jun 10, 2002 8:00 am Secretary of State 2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # LO100006620 06-10-2002 90120 004 ****50.00 1. Entity Name JJB & ASSOCIATES, LLC Principal Place of Business Mailing Address 305 SOUTH ANDREWS AVE 305 SOUTH ANDREWS AVE STE # 113 STE # 113 968910 FT LAUDERDALE FL 33301 FT LAUDERDALE FL 33301 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-1097445 **Not Applicable** Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) SPIEGEL & UTRERA, P.A. 343 ALMERIA AVE. Zip Code City CORAL GABLES FL 33134 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** (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State CRZE034 (11/00) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. TITLE MGR Delete TITLĖ NAME NAME POLK, BONNIE STREET ADDRESS 305 SOUTH ANDREWS AVE #113 STREET ADDRESS CITY - ST - ZIP CITY - ST - 7IP FT LAUDERDALE FL 33301 Change Addition Delete TITLE TITLE NAME ... NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP TITLE: Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY - ST - 7IP CITY - ST - ZIP Addition TITLE Change TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or truetee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears

BONNIE POLK

in Block 11 or Block 12 if engaged, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

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B. The above r	named entity su	bmits this statement fo	r the purpose	of changing its	registere	ed office or regis	tered agent,	or both, in the State of	Florida.		
SIGNATURE _	Signature, typed or pri	inted name of registered agent a	and title if applicable	e					DATE	· · · · · · · · · · · · · · · · · · ·	
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9.		MANAGING MEMBE	RS/MANAGE	RS	THU					(A)(C)	
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CITY-ST-ZIP 11. I hereby c	certify that the in	formation supplied with	h this filing doe	es not qualify fo	- 10	emption stated in	Section 119	0.07(3)(i), Florida Statute er oath: that Lam a ma	es. I further certification	y that the information or manager of the	
indicated limited liab	on uns report is bility company c	or the receiver or truste	e empowered	to execute this	report a	s required by Ch	apter 608, F	er oath; that I am a ma lorida Statutes.	J J		

SIGNATURE:

(954) 761-1120 Daylime Phone #