2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0100008130 1. Entity Name JAB, L.L.C.						FILED 02 FEB 11 PM 1: 48				
Principal Place of Business 6800 N. DALE MABRY HWY STE. 154 TAMPA FL 33614		Mailing Address 6800 N. DALE MASRY HWY STE. 154 TAMPA FL 33614			SECRETARY OF STATE TALLAHASSEE, FLORIDA					
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State		City & State			4. FEI	4. FEI Number V Applied For Not Applicable				
Zip Country		Zip	Count	try	5. Cert	ificate of Status Desired		5.00 Add	ditional	
	6. Name and Address of Current R	egistered Agent	-	Name	7. Nam	e and Address of New R	egistered Aç	jent		-
GRECO, FRANK J 1715 N. WESTSHORE BLVD., STE. 750 TAMPA FL 33607				Street Addres	Street Address (P.O. Box Number is Not Acceptable)					- -
•				City ·				Zip Code		4
8. The above named entity submits this statement for the purpose of changing its r			aciotoro	<u> </u>					_	
	Signature, typed or printed name of registered agent an	FILE NO Make Check Pay Due	W!!! F able to By Ma	FEE IS \$50.0 Departmenty 1, 2002	10		DATE			1,000
9.	MANAGING MEMBER	S/MANAGERS Delete	10. TITLE			ADDITIONS/	CHANGES	Change	Addition	┤≘
NAME STREET ADDRESS CITY-ST-ZIP	MANISCALCO, ANTHONY F 6800 N. DALE MABRY HWY., STI TAMPA FL 33614		NAME STREE		<u></u> .		٠	Shange	Addition	CR2E083 (9/01)
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	CITY-	T ADDRESS ST-ZIP] Change	Addition	
limited liab	ertify that the information supplied with the on this report is true and accurate and the lility company or the receiver or trustee of the supplied with the	at my signature shall have the empowered to execute this rei	e same	legal effect as i	if made unde	r oath: that I am a manadi	ng member (or manage	r of the	