

2004
2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90214 001 ***100.00

DOCUMENT # L01000008657

1. Entity Name

JFB HOTEL MANAGER I, LLC



Principal Place of Business

Mailing Address

240 N WASHINGTON BLVD
7TH FLOOR
SARASOTA FL 34236

240 N WASHINGTON BLVD
7TH FLOOR
SARASOTA FL 34236

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1117527**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRANCH, DANIEL
240 N WASHINGTON BLVD
7TH FLOOR
SARASOTA FL 34236

Name **Erica LaPerriere**

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

c/o Horizon Medical Group, Inc.

240 N. Washington Blvd, 7th Floor

City **Sarasota**

FL

Zip Code **34236**

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

Erica LaPerriere Compliance Officer

9-9-03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BRANCH, DANIEL
240 N. WASHINGTON BLVD.
SARASOTA FL 34236 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

Erica LaPerriere

9-9-03

941-925-3490

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

Date

Daytime Phone #

CR2E083 (4/03)

0005863