

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L01000009129

FILED
Jan 14, 2002 8:00 AM
Secretary of State

Entity Name: JABEZ, L.L.C.

Current Principal Place of Business:

1900 W. COMMERCIAL BOULEVARD, SUITE 100
FT. LAUDERDALE, FL 33309

New Principal Place of Business:

Current Mailing Address:

1900 W. COMMERCIAL BOULEVARD, SUITE 100
FT. LAUDERDALE, FL 33309

New Mailing Address:

FEI Number: 65-1154311

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MCCOY, ANNA C
1900 W. COMMERCIAL BOULEVARD, SUITE 100
FT. LAUDERDALE, FL 33309

Name and Address of New Registered Agent:

MCCOY, ANNA M
1440 S. OCEAN BLVD., APT. 5D
POMPANO BEACH, FL 33062

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: ANNA M. MCCOY

01/14/2002

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: STROMAN, DEBORAH
Address: 1900 W. COMMERCIAL BOULEVARD, SUITE 100
City-St-Zip: FT. LAUDERDALE, FL 33309

Title: MGR () Delete
Name: MCCOY, ANNA M
Address: 1900 W. COMMERCIAL BOULEVARD, SUITE 100
City-St-Zip: FT. LAUDERDALE, FL 33309

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ANTHONY, DOUGLAS
Address: 1900 W. COMMERCIAL BOULEVARD, SUITE 100
City-St-Zip: FT. LAUDERDALE, FL 33309

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ANNA M. MCCOY

MGR

01/14/2002

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date