AMENDED

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
03 SEP -2 AM 9:25
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L01000009965

1: Entity Name

JUNO PROPERTY MANAGEMENT, LLC

DO NOT WRITE IN THIS SPACE

000229981906
09/10/03--01073--001 **50.00

2. Principal Place of Business	3. Mailing Address
2107 RIVER RIDGE DRIVE	2107 RIVER RIDGE DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SARASOTA, FL	City & State: SARASOTA, FL
Zip: 34239 Country:	Zip: 34239 Country:

9/2 DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1134048 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: CARSTEN RUEFFER

Street Address (P.O. Box Number is Not Acceptable): 2107 RIVER RIDGE DRIVE

City: SARASOTA, FLORIDA 34239 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.

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGM CARSTEN RUEFFER 2107 RIVER RIDGE DRIVE SARASOTA, FL 34239
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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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: _____ 08/25/2003 (941) 744-9647
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

CARSTEN RUEFFER, Managing Member

CR2E083B (12/02)