

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

04-25-2002 90009 007 \*\*\*\*50.00

**DOCUMENT # L01000010871**

1. Entity Name  
**JFP GROUP, L.L.C.**

Principal Place of Business      Mailing Address  
 13972 S.W. 41ST STREET      13972 S.W. 41ST STREET  
 DAVIE FL 33330                      DAVIE FL 33330

86796



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>651123865</b>		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required			
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>PAGLINO, JOSEPH P</b> 13972 S.W. 41ST STREET DAVIE FL 33330				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		<b>FL</b>	

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

8. MANAGING MEMBERS / MANAGERS				10. ADDITIONS / CHANGES			
TITLE	<b>MGRM</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>PAGLINO, JOSEPH P</b>			NAME			
STREET ADDRESS	<b>13972 S.W. 41ST STREET</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>DAVIE FL 33330</b>			CITY-ST-ZIP			
TITLE	<b>TRUSTEE / MEMBER</b>	<input type="checkbox"/> Delete		TITLE	<b>TRUSTEE / MEMBER</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	<b>FRANCES Z. PAGLINO</b>			NAME	<b>FRANCES Z. PAGLINO</b>		
STREET ADDRESS	<b>13972 SW 41 STREET</b>			STREET ADDRESS	<b>13972 SW 41 STREET</b>		
CITY-ST-ZIP	<b>DAVIE, FL 33330</b>			CITY-ST-ZIP	<b>DAVIE, FL 33330</b>		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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:** *[Signature]* **SIGNATURE REQUIRED** **JOSEPH P. PAGLINO, MGRM** **4-10-02 954-450-6800**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #

CR2E083 (9/01)