


**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90430 019 ****50.00

DOCUMENT # L01000010871	
1. Entity Name JFP GROUP LLC	

DO NOT WRITE IN THIS SPACE

24020982

2. Principal Place of Business 13972 S.W. 41st Street		3. Mailing Address 13972 S.W. Street	
Suite, Apt. #, etc. Davie, FL 33330		Suite, Apt. #, etc. Davie, FL 33330	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

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4. FEI Number 65-1123865	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

7. Name and Address of Current Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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	Paglino, Joseph P. MGRM 13972 S.W. 41st Street Davie, FL 33330
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T Paglino, Frances Z. 13972 S.W. 41st Street Davie, FL 33330
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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:  **3-10-04** **954-450-6800**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083B (12/02)