

# 2002 UNIFORM BUSINESS REPORT (UBR)

5/7/ 05-07-2002 90372 004 \*\*\*\*50.00  
L01000012784

DOCUMENT # **L01000012784**

1. Entity Name  
**JC PROPERTIES, LLC**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 OCT 11 PM 2:56

Principal Place of Business      Mailing Address  
**1200 BRICKELL AVE. SUITE 900**      **1200 BRICKELL AVE. SUITE 900**  
**C/O AGI REGISTERED AGENTS INC.**      **C/O AGI REGISTERED AGENTS INC.**  
**MIAMI FL 33131**      **MIAMI FL 33131**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**5505 NW 112 Path**      **10773 NW 58th Street**  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**#367**

City & State      City & State  
**Miami, FL**      **Miami, FL**  
Zip      Zip      Country      Country  
**33178**      **33178**

4. FEI Number      Applied For  
**65-1129424**       Not Applicable

5. Certificate of Status Desired       \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
**AGI REGISTERED AGENTS, INC.**  
**1200 BRICKELL AVE. SUITE 900**  
**MIAMI FL 33131**

7. Name and Address of New Registered Agent  
Name      **Castillo, Johanna**  
Street Address (P.O. Box Number is Not Acceptable)  
**5505 NW 112 Path**  
City      **Miami**      FL      Zip Code      **33178**

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: *Johanna Castillo*      **Castillo Johanna**      MGR      DATE: **04/19/02**

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CASTILLO, JOHANA 1200 BRICKELL AVE. SUITE 900 MIAMI FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CASTILLO, JOHANNA 5505 NW 112 Path Miami, FL 33178 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PALOMINO, WASHINGTON 1200 BRICKELL AVE. SUITE 900 MIAMI FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PALOMINO, WASHINGTON 5505 NW 112 Path Miami, FL 33178 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS 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]*      **REQUIRED**      DATE: **04/19/02**      DAYTIME PHONE #: **(305)5949629**

CR2E083 (9/01)