2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000013292

1. Entity Name

SIGNATURE:

JENSEN BEACH PLAZA, LLC



FILED Apr 18, 2003 8:00 am Secretary of State 04-18-2003 90079 038 ****50.00

Principal Place of Business			Mailing Address									
877 N.E. JENSEN BEACH BLVD. JENSEN BEACH FL 34957			877 N.E. JENSEN BEACH BLVD. JENSEN BEACH FL 34957									
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES						
City & State			City & State			4. FEI Num	ber 65-1	128415		 	plied For at Applicable	
Zip	Country		Zip Coun		itry		5. Certificate of Status Desired			55.00 Additional Fee Required		
	6. Name	and Address of Current Re	gistered Agent		<u> </u>	<u> </u>	7. Name a	nd Address o	f New Reg	istered A	gent	
		 		Name								
Grunbaum, Charles 877 N.E. Jensen Beach Blvd. Jensen Beach Fl 34957				Street Ad	Street Address (P.O. Box Number is Not Acceptable)							
JEIN	OEII DEAU	II FL 34937										
				City					FL	Zip Code	е	
	named entit	y submits this statement for the	ne purpose of changing its	register	ed office or r	registere	ed agent, or b	ooth, in the St	ate of Floric	la. I am fa	amiliar with,	and accept
0.00.47.105.	,											
SIGNATURE >	Signature, typed	or printed name of registered agent and	title if applicable. (NOTI	: Registere	d Agent signature	e required v	when reinstating)			DATE		
		,	FILE NO)WIII I	FEE IS \$5	0.00						
			Make Check Payabl				t of State					
			1		ay 1, 2003							
9.		MANAGING MEMBERS	J	10.				ADD	ITIONS/CI	HANGES		
TITLE	MGR	WAY ON O WENDER	Delete	TITL	F			,,,,,			Change	Addition
NAME		INVESTMENT CORPORAT		NAM					•		_ ,	_
STREET ADDRESS 877 N.E. JENSEN BEACH BLVD.				STRE	ET ADDRESS							
CITY-ST-ZIP	JENSEN	BEACH FL 34957		CITY	-ST-ZIP							
TITLE			☐ Delete	TITL	E						Change	☐ Addition
NAME				NAM	_							
STREET ADDRESS				1 .	ET ADDRESS				•			
CITY-ST-ZIP				-	-ST-ZIP							T tarres
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CITY-ST-ZIP				CITY	-ST-ZIP							ł
TITLE			☐ Delete	TITL	E						Change	☐ Addition
NAME				NAM	E							}
STREET ADDRESS	J			STRE	ET ADDRESS]
CITY-ST-ZIP				CITY	-ST-ZIP							
TITLE			☐ Delete	TITLE	1						Change	☐ Addition
NAME				NAM	1							
STREET ADDRESS CITY-ST-ZIP	,				ET ADDRESS - ST-ZIP							
				-							☐ Change	Addition
TITLE NAME			☐ Delete	TITLI NAM			-					☐ Addition
STREET ADDRESS					ET ADORESS							
CITY-ST-ZIP			,		-ST-ZIP							
11. I hereby o	certify that th	e information supplied with the	is filing does not qualify for	the exe	mption state	ed in Sec	otion 119.07(3)(i), Florida 9	statutes. I fu	irther cert	ify that the ir	nformation
limited lia	bility compa	ny or the receiver or trustee e	mpowered to execute this	report as	s required by	Chapte	er 608, Florid	a Statutes.	ayılı	9011100	. J. mailage	, 0. 2.10