

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 17, 2003 8:00 am**  
**Secretary of State**

09-17-2003 90012 022 \*\*\*\*50.00

**DOCUMENT # L01000015128**

1. Entity Name

**JTH ASSOCIATES, LLC**



Principal Place of Business

**400 5TH AVENUE SOUTH  
NAPLES FL 34102**

Mailing Address

**3700 NELSONS WALK  
NAPLES FL 34102**

2. Principal Place of Business

**3700 NELSONS WALK**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**NAPLES, FL**

City & State

Zip

Country

**34102**

**USA**

Zip

Country

4. FEI Number

**APPLIED FOR**

**95-4161355**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROBINSON, THOMAS H  
480 SHORT LANE  
NAPLES FL 34102**

Name

**ALBERT T. ROBINSON**

Street Address (P.O. Box Number is Not Acceptable)

**3700 NELSONS WALK**

City

**NAPLES**

FL

Zip Code

**34102**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGRM  
ROBINSON, THOMAS H  
480 SHORT LANE  
NAPLES FL 34102**

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGRM  
ALBERT T. ROBINSON  
3700 NELSONS WALK  
NAPLES, FL 34102**

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
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☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**9/11/03**

**(239)  
263-3592**

CR2E083 (4/03)

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

Attachment

0006634

DOCUMENT # **L01000015128**

1. Entity Name

**JTH ASSOCIATES, LLC**



90157318

Principal Place of Business

**400 5TH AVENUE SOUTH  
NAPLES FL 34102**

Mailing Address

**3700 NELSONS WALK  
NAPLES FL 34102**

2. Principal Place of Business

**3700 NELSONS WALK**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**NAPLES, FL**

City & State

Zip

**34102**

Country

**USA**

Zip

Country

4. FEI Number **APPLIED FOR**

**95-4161355**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ROBINSON, THOMAS H**

**480 SHORT LANE  
NAPLES FL 34102**

7. Name and Address of New Registered Agent

Name **ALBERT T. ROBINSON**

Street Address (P.O. Box Number is Not Acceptable)  
**3700 NELSONS WALK**

City **NAPLES**

**FL**

Zip Code **34102**

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10. ADDITIONS / CHANGES

TITLE **MGRM**  
NAME **ALBERT T. ROBINSON**  
STREET ADDRESS **3700 NELSONS WALK**  
CITY-ST-ZIP **NAPLES, FL 34102**  
☐ Change ☒ Addition

TITLE  
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CITY-ST-ZIP  
☐ Change ☐ Addition

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SIGNATURE:

CR2E083 (4/03)