2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000015128

SIGNATURE:



FILED Sep 17, 2003 8:00 am Secretary of State 09-17-2003 90012 022 ****50.00

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 3 700 NELSONS WALK	3. Mailing Address				
Suite, Apt. #, etc.	Suite, Apt. #, etc.		СНЕСК	HERE IF MAKING CHANGE	S
City & State NAPUS, FL	City & State		4. FEI Number APPL 95-4/6/3.	IED FOR	Applied For Not Applicable
34/02 Country USA	Zip	Country	5. Certificate of Status De	\$E.00 .	
6. Name and Address of Current F	Registered Agent		7. Name and Address of	New Registered Agent	·
ROBINSON, THOMAS H 480 SHORT LANE NAPLES FL 34102	. je sa sa sa		CBERT T. ROB	WS ON eptable K	
*	•	City	PLES	FL Zip Co	90Z
The above named entity submits this statement for the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent are. Signature.	alimon	registered office or reg		e of Florida. I am famillar with	n, and accept
	Make Check Payabi	OW!!! FEE IS \$50 le to Florida Depar September 24, 20	tment of State		
9. MANAGING MEMBER	S/MANAGERS	10.	ADDIT	TIONS/CHANGES	
TITLE MGRM NAME ROBINSON, THOMAS H 480 SHORT LANE CITY-ST-ZIP NAPLES FL 34102	Delete	NAME STREET ADDRESS 3	1969 LBERT TROBINS 1700 NEWONS V INFLES, FL 341	SALK © 2	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE	☐ Delete	TITLE NAME		☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP			

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

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Attachment 90157318

OCUMENT	#(L01	0000	151	28
. Entity Name				

JTH ASSOCIATES, LLC

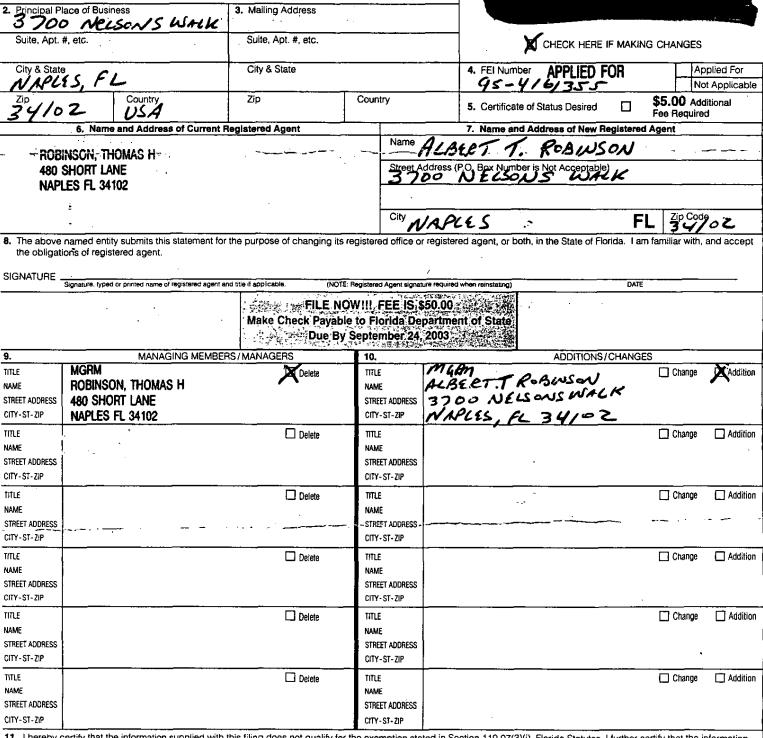
Principal Place of Business

400 5TH AVENUE SOUTH

Naples FL 34102

Mailing Address

3700 NELSONS WALK NAPLES FL 34102



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:

R2E083 (4/03)