

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2003 8:00 am
Secretary of State

01-14-2003 90036 042 ****50.00

DOCUMENT # L01000015822

1. Entity Name

JK NAPLES, LLC



Principal Place of Business

**453 BAYFRONT PLACE
NAPLES FL 34102**

Mailing Address

**6915 RED ROAD
#21 G
CORAL SPRINGS FL 33143**

2. Principal Place of Business

453 BAYFRONT PLACE

3. Mailing Address

6915 RED ROAD

Suite, Apt. #, etc.

219

City & State

NAPLES, FLORIDA

CORAL GABLES, FL.

Zip

33143

Country

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City & State

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☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1137718**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**ROSENBERG, LEONARD L ESQ.
5200 BLUE LAGOON DRIVE
SUITE 600
MIAMI FL 33126**

7. Name and Address of New Registered Agent

Name **ROSSZ FIU CORPORATION**
Street Address (P.O. Box Number is Not Acceptable)
201 SOUTH BISCAYNE BLVD.
SUITE # 850
City **MIAMI** FL Zip Code **33131**

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 **Jan Carson Cheezem, Pres.**

1/10/01
DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM**
NAME **MARN-CHAPUIS, JACQUELINE**
STREET ADDRESS **398 ISLA DORADA BLVD.**
CITY-ST-ZIP **CORAL GABLES FL 33143**

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CR2E083 (10/02)

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: **JACQUELINE MARIN CHAPUIS** **01/06/03 (305) 7409042**

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

Date

Daytime Phone #