

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0007906

DOCUMENT # L01000016730



1. Entity Name

JANA LEE HOMES, L.L.C.

FILED

03 OCT -6 AM 10: 03

Principal Place of Business

Mailing Address

921 PINEY Z PLANTATION RD.  
TALLAHASSEE FL 32311

921 PINEY Z PLANTATION RD.  
TALLAHASSEE FL 32311

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 22-3835097

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

7. Name and Address of New Registered Agent

NISHIMOTO, JANA M  
921 PINEY Z PLANTATION RD.  
TALLAHASSEE FL 32311

Name

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

City

FL

Zip Code

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  
NISHIMOTO, JANA M  
921 PINEY Z PLANTATION RD.  
TALLAHASSEE FL 32311 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
NISHIMOTO, HOWARD  
921 PINEY Z PLANTATION RD.  
TALLAHASSEE FL 32311 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
ALDAY, LEE  
921 PINEY Z PLANTATION RD.  
TALLAHASSEE FL 32311 ☒ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
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700023671867  
10/09/03--01070--011 \*\*150.00 ☐ Change ☐ Addition

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

Date

Daytime Phone #

10/6/03 (850) 566-5050

CR2E083 (4/03)