

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 12, 2002 8:00 am
Secretary of State

04-22-2002 90150 022 ****50.00

DOCUMENT # L01000019745

1. Entity Name

JMJ ENTERPRISES, LLC

Principal Place of Business

215 MOUNTAIN DRIVE, SUITE 111
 DESTIN FL 32541

Mailing Address

215 MOUNTAIN DRIVE, SUITE 111
 DESTIN FL 32541

35221

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3730291

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FELL, JAMES E JR.
15 COURTNEY LANE
CRESTVIEW FL 32539

7. Name and Address of New Registered Agent

Name

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

218 Vinnings Way, Unit 206

City

Destin

FL

Zip Code
32541

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.

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 Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE: **President** Delete
 NAME: **James E. Fell Jr**
 STREET ADDRESS: **218 Vinnings Way, Unit 206**
 CITY-ST-ZIP: **Destin, FL 32541**

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: **Vice President** Delete
 NAME: **Michael F. Fell**
 STREET ADDRESS: **239 Wekiva Cove**
 CITY-ST-ZIP: **Destin, FL 32541**

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: **Secretary** Delete
 NAME: **James E. Fell Sr.**
 STREET ADDRESS: **30 Moreno Road, Unit 401B**
 CITY-ST-ZIP: **Destin, FL 32541**

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: Delete
 NAME: Delete
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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:

James E. Fell Jr **REQUIRED**

4/9/02 (850) 650-2311

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

Date

Daytime Phone #

CR2E083 (9/01)