LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBS)

L01000020806

DOCUMENT #

1. Entity Name

FILED Apr 01, 2002 8:00 am Secretary of State

04-01-2002 90726 026 ****50.00

J & K PRICE#4, LLC							
DO NOT WRITE IN THIS SPACE				B0054575			
2. Principal F	Place of Business NE 40 th Cover	3. Mailing Address	Mailing Address		00-		
		Suite, Apt. #, etc.	uite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
_City & StateC City & State				4 FEI Number Applied For			
AT LANderdole, F		,	·		65-1159334 Not Applicable		
33308 BlowAAD		Zip	Country	5. Certificate of Stat	5. Certificate of Status Desired Sta		
	······································	······································	Name C.o	7. Name and Addres	s of Current Registered	Agent	
	DO NOT WE	Street Address	William K. NAOC, P. A.				
. And the second second second second	IN THIS SPA	- DOM	E. CARlan	O PRING	=102		
	114 11110 01 /						
			City 77 4	pudeidae	<u> </u>	Z 33306	
8. The above	e named entity supports this statement for t	he purpose of changing its re	egistered office or regis	tered agent, or both, in th	e State of Florida.		
SIGNATURE	Signature, types or printed name of registered agent and	()/2-			Kb.	2, 2002	
	Signature, typed of printed name of registered agent and	EE IS \$50.00		DAIE			
	V	Make Check Pay	able to Department JE BY MAY 1	of State		,	
9.	MANAGING MEMBER	S/MANAGERS					
TITLE NAME	Tames R. Poice		title Name		·	(12/04	
STREET ADDRESS CITY-ST-ZIP	3041 NE YOUCH	3308	STREET ADDRESS CHTY-ST-ZIP			28 28 28 28 28 28 28 28 28 28 28 28 28 2	
TITLE	MANAGING PARTIEL		TITLE	• • • • • • • • • • • • • • • • • • • •			
NAME	Kyoko PRICE		NAME			8	
STREET ADDRESS CITY-ST-ZIP	Fr Laudeedede, 71 3	35308	STREET ADDRESS CITY-ST-ZIP				
TITLE		-	TITLE				
NAME STREET ADDRESS	,		NAME STREET ADDRESS			-,	
CITY-ST-ZIP			CITY-ST-ZIP	DO I	YOT WRIT		
TITLE NAME			TITLE NAME	IN THIS SPACE			
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
NAME			NAME			}	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
TITLE			BILE				
NAME STREET ADDRESS			NAME STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				

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 processor of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JAMES R. PRICE 2-12-02 56/3/4/