

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L01000022394

1. Entity Name

JDM PARTNERS LLC

FILED

02 JUN 11 AM 8:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

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-06/14/02--01013--012

*****55.00 *****55.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

201 S. Biscayne Blvd.

Suite, Apt. #, etc.

28th Floor, Suite 2839

City & State

Miami, Florida

3. Mailing Address

Suite, Apt. #, etc.

City & State

4. FEI Number

26-0000013

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Interstate Registered Agent Corp.

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

701 Brickell Avenue

Suite 3000

City

Miami

FL

Zip Code

33131

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IN THIS SPACE**

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.

6-6-02

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE Manager
NAME Jorge Perez
STREET ADDRESS 201 S. Biscayne Blvd.
CITY-ST-ZIP 28th Floor, Suite 2839
Miami, Florida 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Manager
NAME Dany Garcia Johnson
STREET ADDRESS 201 S. Biscayne Blvd.
CITY-ST-ZIP 28th Floor, Suite 2839
Miami, Florida 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Manager
NAME Malcolm Brown
STREET ADDRESS 201 S. Biscayne Blvd.
CITY-ST-ZIP 28th Floor, Suite 2839
Miami, Florida 33131

TITLE
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CITY-ST-ZIP

LLC 55 Temp ID

**DO NOT WRITE
IN THIS SPACE**

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

(JORGE PEREZ)

6-4-02

Date

305-913-4636

Daytime Phone #

CR2E083B (12/01)