

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

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90243 026 ****50.00

DOCUMENT # L01000022481

1. Entity Name

JENNINGS VENTURES, LLC

DO NOT WRITE IN THIS SPACE

943791

2. Principal Place of Business
8738 PISA DRIVE

3. Mailing Address
8738 PISA DRIVE

Suite, Apt. #, etc.
#635

Suite, Apt. #, etc.
#635

City & State
ORLANDO FL

City & State
ORLANDO FL

Zip
32810

Country
US

Zip
32810

Country
US

4. FEI Number

02-0556397

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

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**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
DEAN K. JENNINGS

Street Address (P.O. Box Number is Not Acceptable)
8738 PISA DRIVE

#635

City
ORLANDO

FL 32810

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

DATE

FEE IS \$50.00

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
MGRM
JENNINGS, DEAN K.
STREET ADDRESS
8738 PISA DRIVE, #635
CITY - ST - ZIP
ORLANDO FL 32810

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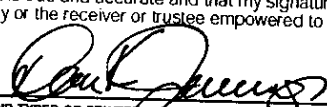
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IN THIS SPACE**

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:  **DEAN K. JENNINGS, MEMBER**

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

4-16-02

Date

407-645-4400

Daytime Phone #

CR2E083B (12/01)