S._ 5.6 - 2/ LIMITED LIABILITY COMPANY ್ vuniform business report (ubr)

FILLD
Mar 29, 2002 8:00 am
Secretary of State

DOCUMENT # L01000022746 02-18-2002 90185 020 ****50.00 1. Entity Name JAMES STREET INVESTMENTS, LLC DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 56 marin 5 6 mar Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 80 -002430 Applied For 156 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required Mame and Address of Current Registered Agent Brachbill - DO NOT WRITE Street Address IN THIS SPACE 8. The above carged enjity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florings FEE IS \$50.00 Make Check Payable to Department of State **DUE BY MAY 1** MANAGING MEMBERS/MANAGERS TITLE m G RM CR2E083B (12/01) NAME NAME -1 J. LaScala STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP in J. Dromanh NAME NAME 03 NE Marlberry Lane STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Jensen Beach FI CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRÉSS DO-NOT-WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE

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.

NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

NAME STREET ADDRESS

MAME

CITY-ST-ZIP TITLE

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TY D OR AUTHORIZED REPRESENTATIVE