

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90041 035 *****50.00

0058957

DOCUMENT # L02000000192

1. Entity Name

JR PARTNERS, LLC



Principal Place of Business

**8401 JR MANOR DRIVE
SUITE 100
TAMPA FL 33634**

Mailing Address

**8401 JR MANOR DRIVE
SUITE 100
TAMPA FL 33634**

2. Principal Place of Business

**6522 Gunn Hwy
Suite, Apt. #, etc.**

3. Mailing Address

**6522 Gunn Hwy
Suite, Apt. #, etc.**

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33625

Country

USA

Zip

33625

Country

USA

4. FEI Number

04-3635225

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**LYNCH, PAUL R
101 EAST KENNEDY BLVD.
SUITE 2800
TAMPA FL 33602**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☒ Addition
NAME **MGR**
STREET ADDRESS **Suarez, Jack D**
CITY-ST-ZIP **6522 Gunn Hwy
Tampa, FL 33625**

TITLE ☐ Change ☒ Addition
NAME **MGR**
STREET ADDRESS **Clark, James P.**
CITY-ST-ZIP **6522 Gunn Hwy
Tampa, FL 33625**

TITLE ☐ Change ☒ Addition
NAME **MGR**
STREET ADDRESS **Ellerbe, Archie M.**
CITY-ST-ZIP **6522 Gunn Hwy
Tampa, FL 33625**

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED

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

Date **2/15/03**

Daytime Phone # **813 886 2433**

CR2E083 (10/02)