

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-05-2003 90036 048 ****50.00

DOCUMENT # L02000000691

1. Entity Name
JJ OCEAN CLUB LLC



Principal Place of Business
**5201 BLUE LAGOON DRIVE, SUITE 100
MIAMI FL 33126-2065**

Mailing Address
**5201 BLUE LAGOON DRIVE, SUITE 100
MIAMI FL 33126-2065**

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2. Principal Place of Business

3. Mailing Address

% Thomas J. Skola

% Thomas J. Skola

Suite, Apt. #, etc.

Suite, Apt. #, etc.

501 Brickell Key Dr, SR 602

501 Brickell Key Dr, SR 602

City & State

City & State

Miami FL

Miami, FL

Zip

Country

Zip

Country

33131 USA

33131 USA

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SKOLA, THOMAS J
5201 BLUE LAGOON DRIVE, SUITE 100
BECKER & POLIAKOFF, P.A.
MIAMI FL 33126-2065**

Name

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

501 Brickell Key Dr, SR 602

Miami

City

FL

Zip Code
33131

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

Thomas J. Skola

Signature, typed or printed name of registered agent, and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/15/03

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE **MGR**
NAME **MINGUEZ JEREZ, GERARDO**
STREET ADDRESS **5201 BLUE LAGOON DRIVE, SUITE 100**
CITY-ST-ZIP **MIAMI FL 33126-2065**

TITLE
NAME
STREET ADDRESS **501 Brickell Key Dr, SR 602**
CITY-ST-ZIP **MIAMI, FL 33131**

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STREET ADDRESS
CITY-ST-ZIP

TITLE
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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:

Thomas J. Skola

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

1/29/03

DATE

Daytime Phone #

305577-7188

CR2E083 (10/02)