

**FILED**  
**Mar 04, 2003 8:00 am**  
**Secretary of State**

02-06-2003 90026 025 \*\*\*\*50.00

2/6/2

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # L02000000782**

1. Entity Name

**JENKINS FAMILY 1 LLC**



**55013518**

Principal Place of Business

**250 AUSTRALIAN AVE. SOUTH #1100  
WEST PALM BEACH FL 33401**

Mailing Address

**250 AUSTRALIAN AVE. SOUTH #1100  
WEST PALM BEACH FL 33401**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**22-6917874**

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

**AUGUST, JERALD DAVID ESQ.  
250 AUSTRALIAN AVE. SOUTH #1100  
WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

**26-0006468**

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

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
<input type="checkbox"/> Delete	<b>MGR</b>	<b>JENKINS, TORREY</b>	<b>250 AUSTRALIAN AVE. SOUTH #1100 WEST PALM BEACH FL 33401</b>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Delete	<b>MGR</b>	<b>JENKINS, KATHY</b>	<b>250 AUSTRALIAN AVE. SOUTH #1100 WEST PALM BEACH FL 33401</b>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Delete				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Delete				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Delete				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Delete				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Delete				<input type="checkbox"/>	<input type="checkbox"/>

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 REQUIRED**

**2-4-03**

**561-835-9600**

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

Date

Daytime Phone #

CR2E083 (10/02)