

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

03-14-2003 90002035****50.00

09-08-2003 90075026****50.00

FILED
 L02000008089

03 SEP 12 AM 8:56

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

MJM

DOCUMENT # L02000008089

1. Entity Name

JLM CAPITAL MANAGEMENT LLC



Principal Place of Business

Mailing Address

7937 BROADMOOR PINES BLVD.
 SARASOTA FL 34243

7937 BROADMOOR PINES BLVD.
 SARASOTA FL 34243

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9/12

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

03-0437304

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

MILLER, JENNIFER
 7937 BROADMOOR PINES BLVD.
 SARASOTA FL 34243

Name
~~John A. Veal~~ Jennifer Miller
 Street Address (P.O. Box Number is Not Acceptable)

7937 Broadmoor Pines Blvd

City

Sarasota

FL

Zip Code
 34243

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

9/4/03

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
 Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Managing Member
 Jennifer Miller Veal
 7937 Broadmoor Pines Blvd.
 Sarasota FL 34243 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Assistant Secretary/Manager
 Matthew A Veal
 7937 Broadmoor Pines Blvd.
 Sarasota FL 34243 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
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☐ Change ☐ Addition

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☐ Change ☐ Addition

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 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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

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

Date

Daytime Phone #

9/4/03

CR2E083 (4/03)