

AMENDED
2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

09-04-2003 90037 007 ****50.00
L02000008610

DOCUMENT # L02000008610 1. Entity Name JLC ENTERPRISE LLC		 FILED SEP -9 PM 2:46 DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA																			
Principal Place of Business 1100 HEMLOCK ST. NEW SMYRNA BEACH FL 32169		Mailing Address 1100 HEMLOCK ST. NEW SMYRNA BEACH FL 32169																			
2. Principal Place of Business 413 Oak Place Suite, Apt. #, etc. Bldg 4V City & State Port Orange FL Zip 32127 Country USA		3. Mailing Address 413 Oak Place Suite, Apt. #, etc. Bldg 4V City & State Port Orange FL Zip 32127 Country USA																			
4. FEI Number 80-0020474		Applied For <input type="checkbox"/> Not Applicable																			
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required																			
6. Name and Address of Current Registered Agent CUMMINS, JOSEPH P 1100 HEMLOCK ST. NEW SMYRNA BEACH FL 32169		7. Name and Address of New Registered Agent Name Joseph Cummins Street Address (P.O. Box Number is Not Acceptable) 6616 Merryvale Ln City Port Orange FL Zip Code 32128																			
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 Joseph Cummins DATE 9/1/03 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 24, 2003																					
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE Owner</td> <td style="width: 70%;">NAME Joseph Cummins</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>6616 Merryvale Ln</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Port Orange FL 32128</td> <td></td> </tr> </table>		TITLE Owner	NAME Joseph Cummins	<input type="checkbox"/> Delete	STREET ADDRESS	6616 Merryvale Ln		CITY-ST-ZIP	Port Orange FL 32128		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-ST-ZIP		
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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: Joseph Cummins <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		DATE 9/1/03 DAYTIME PHONE # 386-547-0626																			

CR2E083 (4/03)