

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-02-2003 90012 030 ***150.00

DOCUMENT # L02000009159

1. Entity Name

JRD PROPERTIES, LLC



Principal Place of Business

Mailing Address

1925 MIZELL AVENUE
WINTER PARK FL 32789

1925 MIZELL AVENUE
WINTER PARK FL 32789

2. Principal Place of Business

3. Mailing Address

4250 Alafaya Trail

4250 Alafaya Trail

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 212

Suite 212

City & State

City & State

Orlando, Florida

Orlando, Florida

Zip

Country

Zip

Country

32765

USA

32765

USA

6. Name and Address of Current Registered Agent

4. FEI Number

Applied For

01-0686099

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

DEAN MEAD SERVICES, LLC
800 NORTH MAGNOLIA AVENUE, SUITE 1500
ORLANDO FL 32803

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

Bernard T Despres

3/30/03

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: MGRM
NAME: *Tamie R Despres*
STREET ADDRESS: 3725 Savannah Loop
CITY-ST-ZIP: Orlando, FL 32765 ☐ Delete

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

TITLE: MGRM
NAME: *Bernard T Despres*
STREET ADDRESS: 3725 Savannah Loop
CITY-ST-ZIP: Orlando, FL 32765 ☐ Delete

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

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
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NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
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:

Bernard T Despres

3/30/03

407 657-4407

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

Date

Daytime Phone #

CR2E083 (10/02)