

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

08-11-2003 90104 012 ****50.00

*FILE# 02000009276

SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # L02000009276

1. Entity Name

J.H.C., L.L.C.

03 SEP 16 AM 10:03

55055846

Principal Place of Business

1825 B RIDGEWOOD AVENUE
HOLLY HILL FL 32117

Mailing Address

1825 B RIDGEWOOD AVENUE
HOLLY HILL FL 32117

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

134223450

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

CLINGHAM, JAMES H
1825 B RIDGEWOOD AVENUE
HOLLY HILL FL 32117

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 September 24, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MANAGING MEMBER
JAMES H. CLINGHAM
2 BAY POINTE DRIVE
DIAMOND BEACH, FL 32117

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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 REQUIRED

5 AUGUST 2003

86-
672-7101

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

Date

Daytime Phone

CR2E083 (4/03)