2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

5/2/2

FILED
Jun 06, 2003 8:00 am
Secretary of State
05-02-2003 90579 010 ****50.00

DOCUMENT # L02000011671

1. Entity Name
JRP HOLDINGS, LLC

44003506

☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business	Mailing Address
85 PACER CIRCLE WELLINGTON FL 33414	85 PACER CIRCLE WELLINGTON FL 33414

2. Principal Place of Business	3. Mailing Address
13218 LA MIRADA CIR.	13218 LA MIRADA CIR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WELLINGTON, FL	City & State: WELLINGTON, FL
Zip: 33414 Country: USA	Zip: 33414 Country: USA

4. FEI Number: 74-3047179 ☐ 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
LEVEILLE, PAUL 85 PACER CIRCLE WELLINGTON FL 33414	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JAMES EDWARDS 1212 TUSCANY BLVD BOYNTON BEACH FL 33435	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT RUSSELL SAUNDERS 4330 ALBRITTON RD ST. CLOUD, FL 34772	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER PAUL LEVEILLE 13218 LA MIRADA CIRCLE WELLINGTON, FL 33414	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (10/02)

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: Paul Leveille PAUL LEVEILLE 4/29/03 561-758-3042
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #