2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

9/17/2003 00012 021 -$50.00 -$50.00

FILED

03 SEP 29 AM 9:11

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJM

DOCUMENT # L02000014204

1. Entity Name
JSC PROPERTY DEVELOPMENT, LLC.

Principal Place of Business	Mailing Address
4148 C. SARASOTA PKWY. #1323 SARASOTA FL 34238	4148 C. SARASOTA PKWY. #1323 SARASOTA FL 34238

2. Principal Place of Business	3. Mailing Address
694 Clear Creek Dr Suite, Apt. #, etc.	694 Clear Creek Dr Suite, Apt. #, etc.
City & State: Osprey FL	City & State: Osprey Fla
Zip: 34229 Country:	Zip: 34229 Country:

9/29 ☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 20-4528285 ☐ 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
KOHL-HELBIG, LAUREN 1800 SECOND ST. #901 SARASOTA FL 34236	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)

$0.00	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	☐ Delete ELLIS, JAMES 4148 C. SARASOTA PKWY. #1323 Managing Member SARASOTA FL 34238	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete VAN HOOSE, CARL 3236 KINGSWOOD DR. Managing Member. SARASOTA FL 34232	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete FYKSEN, STEVEN 2885 JAMAICA ST. Managing Member SARASOTA FL 34231	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
TITLE / NAME / 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: James Ellis REQUIRED Sept 9/03 941/966-7911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

CR2E083 (4/03)