

LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)

102000015637

ATX1

DOCUMENT #

1. Entity Name

J. C. & M. L. Associates, L. L. C.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1981 SE Port St Lucie Blvd

Suite, Apt. #, etc

3. Mailing Address

Suite, Apt. #, etc.

City & State

Port St Lucie, FL

Zip

Country

34952

City & State

Zip

Country

4. FEI Number

04-3697881

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Brannom, David S.

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

1343 SE Port St Lucie Blvd

City

Port St Lucie

FL

Zip Code

34952

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.

11/11/2003

DATE

FEE IS \$50.00

Make Check Payable to Department of State  
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MGRM

Michael B. Lubeck

1985 SE Gena Road

Port St Lucie, FL 34952

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MGR

John S. Cairns

1343 SE Port St Lucie Blvd

Port St Lucie, FL 34952

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE

NAME

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CITY-ST-ZIP

DO NOT WRITE  
IN THIS SPACE

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:

*Michael B. Lubeck*

President

Date

Daytime Phone #

(772) 337-0387

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

CRZE083B (12/02)

FILED  
03 NOV 21 AM 8:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

BK

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2082  
**L020000015637**

J. C. & M. L. Associates, L. L. C.

1981 SE Port St Lucie Blvd

Port St Lucie, FL 34952

November 11, 2003

03 NOV 21 AM 8:01  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Division of Corporations

P. O. Box 6478

Tallahassee, FL 32314

RE: L02000015637 URB due May 1, 2003

Dear Sir,

We originally filed the URB referenced above in the same envelope as our URB for The Palace Spa, LLC. The Palace Spa, LLC is currently shown as active so the returns were received by the Division of Corporations. Would you please accept our \$50.00 fee along with the URB and reactivate or LLC status? Please note that we have changed our registered agent.

Kindest Regards,



Michael B. Lubeck  
President