

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

03-28-2003 90004 006 ****55.00

DOCUMENT # L02000017381

1. Entity Name
J.T. PROPERTIES, LLC



Principal Place of Business
**103 F STREET
ST. AUGUSTINE BEACH FL 32080**

Mailing Address
**103 F STREET
ST. AUGUSTINE BEACH FL 32080**

2. Principal Place of Business

670 A AIA Beach Blvd.
Suite, Apt. #, etc.
St. Augustine Beach
City & State
FL

3. Mailing Address

670 A AIA Beach Blvd.
Suite, Apt. #, etc.
St. Augustine Beach
City & State
FL



☒ CHECK HERE IF MAKING CHANGES

Zip
32080

Country
U.S.A.

Zip
32080

Country
U.S.A.

4. FEI Number

Applied For
☒ Not Applicable

5. Certificate of Status Desired

☒ **\$5.00 Additional Fee Required.**

6. Name and Address of Current Registered Agent

**CLIFTON, JOHN THOMAS
103 F STREET
ST. AUGUSTINE BEACH FL 32080**

7. Name and Address of New Registered Agent

Name **Clifton, John Thomas**
Street Address (P.O. Box Number is Not Acceptable)
670 A AIA Beach Blvd.
City **St. Augustine Beach FL** Zip Code **32080**

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

John Thomas Clifton

John Thomas Clifton

3/25/03

(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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
Managing Director
John Clifton
670 A AIA Beach Blvd.
St. Augustine Beach, FL 32080

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
Director
Trish Clifton
45 Surf Drive
St. Augustine, FL 32080

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

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

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

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:

John Thomas Clifton **John Thomas Clifton**

3/25/03 904/460-1005

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

Date

Daytime Phone #

CR2E083 (10/02)