## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

## FILED Apr 04, 2003 8:00 am Secretary of State

☐ Change

☐ Addition

3/.

DOCUMENT # L02000022086  1. Entity Name  J & K PRICE #7, LLC						03-20-2003 90039 040 ****50.00			
Principal Place of E	Business	Mailing Address	Mailing Address		$\neg$				
3041 NE 40TH COURT FT. LAUDERDALE FL 33308		3041 NE 40TH COURT FT. LAUDERDALE FL 3330	3041 NE 40TH COURT FT. LAUDERDALE FL 33308						
2. Principal Place of Business		3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State	City & State		4. FEI Nun	0792407	· [	Applied For Not Applicable	
Zip	Country	Zip	Countr	у	E Contificate of Status Desired ' S5.			.00 Additional	
6. Name and Address of Curren		t Registered Agent			7. Name a	nd Address of New Regist	<u>`</u>		_
				_Name	~ ~ <del>*********</del>			****	7-
2691 E. (	MILLIAM R ESQ. OAKLAND PARK BLVD., SU	JITE 102		Street Address (P.O. Box Number is Not Acceptable)					
, FI. LAUL	DERDALE FL 33306								7
1			<u> </u>	City		<del></del>	FL Zip C	ode	7
8. The above named entity submits this statement for the purpose of changing its regist				1 office or regis	stered anent, or h	ooth, in the State of Florida.		th, and accept	-
	of registered agent.	tion the perpose of ontainging no	, regioto.u.	omoo or roga	otoroo agara, ar i	John, M. B.C. Diete Dr. 101704	T GITT /GITTING	III, B.IG 6000p.	-
SIGNATURE									
Signati	ure, typed or printed name of registered ag	ent and title if applicable. (NOT	E: Registered /	Agent signature requ	rired when reinstating)		DATE		-
				EE IS \$50.0					
		Make Check Payab	le to Floi o Ry May	rida Departi	nent of State				
	**********			7 1, 2000		ADDITIONS (OUA	NORO		4
9. TITLE	MANAGING MEM	BERS/MANAGERS Delete	10. TITLE	Ma	inager	ADDITIONS/CHA	NGES Chang	e Addition	, ∫ @
NAME		☐ Delete	NAME	D.	Lea Ja	mas R.	L) vitalij	e Mayorinu	00
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CITY-ST-ZIP			CITY-S	I-ZIF FO	it lardes	Vale, FL 333			4
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NAME			NAME	ļ					
STREET ADDRESS				ADDRESS					1
_CITY-ST-ZIP			CITY_S	T: ZIP				<del></del>	┨ -
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NAME			NAME	1					

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 they eceiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

TITLE

NAME

☐ Delete

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: 1000 3 9545613141