Daytime Phone #

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

UN	ILOUM POSINE	.55 HEF OF	10								
DOCUMENT # L02000026218  1. Entity Name											
JRC INVES	TMENTS, LLC		SOD WE THE		n3 '	03 FEB -4 AM 10: 01					
Principal Place	CITY BLVD.		Mailing Address 800 S. HARBOR CITY BLVD. MELBOURNE FL 32901			SECRETARY OF STATE TABLEAHASSEE, FLORIDA					
MELBOURNE FL	32901	MELDODINE I E SESSI									
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			4. FEI Numi	4. FEI Number Applied For Not Applicable					
Zip	Country	Zip	Zip Coun		5. Certificat	e of Status Desired	> \$5.00 Add				
	6. Name and Address of Current	Registered Agent			7. Name an	d Address of New F	legistered A	gent		}	
FALLACE, JAMES H ESQ					Name						
1900	S. HICKORY STREET, STE. A BOURNE FL 32901				reet Address (P.O. Box Number is Not Acceptable)					-	
MELL	0001111E 1 E 02001			City			FL	Zip Code	<u> </u>	1	
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	named entity submits this statement for sold registered agent.	or the purpose of changing	g its registere	ed office or re	gistered agent, or b	our, in the State of the	унца. Тапте	armear with a	and dosept		
SIGNATURE _	Signature, typed or printed name of registered agen	t and title if applicable. (	NOTE: Registere	d Agent signature	required when reinstating)		DATE				
		FILE	NOW!!!	FEE IS \$50	0.00	000116 1/0301003-	3328	3Q	~r		
		Make Check Pay	able to Fi	orida Depa	rtment of 島鼠té	4/0301003-	·-007 *	*1386.1	ය	ļ	
	_		Due by IV	ay 1, 2003		ADDITIONS	/CHANGES		<del></del>	-	
9. TITLE	MANAGING MEMB	ERS/MANAGERS Delete	TITL	E /	nar -			Change	Addition	§	
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STREET ADDRESS	$\wedge$			EET ADDRESS Y-ST-ZIP							
CITY-ST-ZIP	<del>                                     </del>	☐ Delete	TITI	<del></del>				☐ Change	☐ Addition	1	
NAME	/		NA	<b>I</b>		MI	PARMOH			-	
STREET ADDRESS	1 / /			REET ADDRESS							
CITY-ST-ZIP			C. Canala a ann	Y-ST-ZIP	d in Section 110 07/	3)(i) Florida Statutos	I further cor	tify that the i	nformation	-	
11. I hereby of indicated limited lia	certify that the information supplied wide on this report is true and accurate arability company or the receiver or trust	in this tiling does not quali d that my signature shall hee empewered to execute	iv for the exert ave the same this report a	emplion state ne legal effect as required by	t as if made under or Chapter 608, Floric	ath; that I am a mana la Statutes.	aging membe	er or manage	er of the		

MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SICHATURE REQUIRED

SIGNATURE: