

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

FILED
Jun 11, 2003 8:00 am
Secretary of State

3/

03-03-2003 90003 009 ****50.00

DOCUMENT # L02000026604



1. Entity Name
J & M PROPERTIES, LLC

Principal Place of Business
**2711 TAMPA ROAD
PALM HARBOR FL 34684**

Mailing Address
**2711 TAMPA ROAD
PALM HARBOR FL 34684**

44004186



2. Principal Place of Business

3. Mailing Address

CHECK HERE IF MAKING CHANGES

activity beginning Jan 2003

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

57-1167048

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**DRIS, MICHAEL E ESO
2469 ENTERPRISE ROAD
CLEARWATER FL 33763**

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

Signature, typed or printed name of registered agent and title if applicable.

(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

10. ADDITIONS/CHANGES

TITLE: **MANAGING MEMBER** Delete
NAME: **MICHAEL PIKOS**
STREET ADDRESS: **1235 N. FLORIDA AVE**
CITY-ST-ZIP: **TARPON SPRINGS, FL 34689**

TITLE: **MANAGING MEMBER** Delete
NAME: **John Tambapani**
STREET ADDRESS: **22 SPRING BIRD N.W.**
CITY-ST-ZIP: **TARPON SPRINGS, FL 34689**

TITLE: Delete
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: Delete
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: Delete
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TITLE: Delete
NAME: _____
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CITY-ST-ZIP: _____

TITLE: _____ Change Addition
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TITLE: _____ Change Addition
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 PIKOS**

2-25-03

727-937-7220

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

Date

Daytime Phone #

CR2E083 (10/02)