2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

Mar 03, 2003 8:00 am Secretary of State 1/. 01-24-2003 90256 018 ****50.00 DOCUMENT # L02000026791 1. Entity Name JCA FINANCING, L.L.C. JUUINUUU Principal Place of Business Mailing Address 2100 SALZEDO STREET STE. 300 2100 SALZEDO STREET STE. 300 CORAL GABLES FL 33134 CORAL GABLES FL 33134 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State 4. FEI Number City & State Not Applicable Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent . Name . المنازي والمستنفظ والمنازي والمنازي والمناوم والمنازي والمنازية PADRON CARLOS E Street Address (P.O. Box Number is Not Acceptable) 2100 SALZEDO STREET STE. 300 **CORAL GABLES FL 33134** City 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) 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 MGR TITI F ☐ Change ☐ Addition CR2E083 (10/02 TITLE Delete NAME NAME armas, Jose J 395 CASUARINA CONCOURSE STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP **CORAL GABLES FL 33143** ☐ Change TITLE ☐ Delete MILE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-Z# CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ 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 eath; 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.

CITY-ST-ZIP

NAME

TITLE

NAME STREET ADDRESS

☐ Delete

STREET ADDRESS CITY-ST-ZIP

NTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

NAME STREET ADDRESS

NAME

CITY-ST-ZIP TITLE

STREET ADDRESS

CITY-ST-ZIP

☐ Change

■ Addition

FILED