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FILED
Jun 02, 2003 8:00 am
Secretary of State

04-14-2003 90904 001 ***100.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000030803

1. Entity Name
J & B SUMMERSET APARTMENTS, LLC

44003066

Principal Place of Business	Mailing Address
1970 MICHIGAN AVE., BLDG. C COCOA FL 32922	1970 MICHIGAN AVE., BLDG. C COCOA FL 32922

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
2269 Solstice St.	c/o Joseph Anisko
Suite, Apt. #, etc.	Suite, Apt. #, etc. 1 Glenview Drive
City & State: Melbourne Florida	City & State: Watchung NJ
Zip: 32935 Country: USA	Zip: 07060 Country: USA

4. FEI Number 02-0651959 ☐ Applied For ☐ Not Applicable

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
WATSON, VICTOR M 1970 MICHIGAN AVE., BLDG. C COCOA FL 32922	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM NISKO, JOSEPH 1 GLENVIEW DR. WATCHUNG NJ 07060 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~MEM ANISKO, EUGENIA 1 GLENVIEW DR. WATCHUNG NJ 07060~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (10/02)

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: SIGNATURE REQUIRED [signature] 2-20-2003 908 753 7161

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #