

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

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

02-27-2003 90001 046 \*\*\*\*50.00

DOCUMENT # L02000031556

1. Entity Name

JAN FORSZPANIAK INVESTMENTS, L.L.C.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

730 Goodlette Rd

3. Mailing Address

Same

Suite, Apt. #, etc.

#204

Suite, Apt. #, etc.

City & State

Naples FL

City & State

City & State

Zip

34102

Country

USA

Zip

Country

4. FEI Number

57-1142323

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

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.

*Jan Forszpaniak*

2/17/03

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Jan Forszpaniak Manager  
730 Goodlette Rd #204  
Naples, FL 34102

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Jan Forszpaniak Mgt Inc  
Manager  
730 Goodlette Rd #204  
Naples, FL 34102

TITLE  
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CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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:

*Jan Forszpaniak*

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

2/17/03 (239) 263-4499

Date

Daytime Phone #

CR2E083B (12/02)