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03 AUG 13 PM 2:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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08/19/03--01020--009 **50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000034211

1. Entity Name
J.T. INVESTMENT PARTNERS, LLC

Principal Place of Business	Mailing Address
536 N. LAKEWOOD RUN DRIVE PONTE VEDRA BEACH, FL 32082	P.O. BOX 2917 PONTE VEDRA BEACH, FL 32004

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
9709 Nisswa Place		9709 Nisswa Place	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Orlando, FL		City & State: Orlando, FL	
Zip: 32836	Country: USA	Zip: 32836	Country: USA

4. FEI Number: 45-0503558 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

O'LEARY, THOMAS J
536 N. LAKEWOOD RUN DRIVE
PONTE VEDRA BEACH, FL 32082

7. Name and Address of New Registered Agent

Name: John P. Klumph
Street Address (P.O. Box Number is Not Acceptable): 9709 Nisswa Place
City: Orlando FL Zip Code: 32836

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 ____________________ 8/12/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE: Member-managing NAME: John P. Klumph STREET ADDRESS: 9709 Nisswa Place CITY-ST-ZIP: Orlando, FL 32837	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: Member-managing NAME: Thomas J. O'Leary STREET ADDRESS: 805 Baytree Lane CITY-ST-ZIP: Ponte Vedra Beach, FL 32082	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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: ____________________, Member 8/12/03 (321) 939-4720
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #