

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

**FILED**  
**Apr 09, 2003 8:00 am**  
**Secretary of State**

04-09-2003 90045 015 \*\*\*\*50.00

DOCUMENT # L02000034735

1. Entity Name

JAMA4 LLC



**DO NOT WRITE IN THIS SPACE**

30052165

2. Principal Place of Business

9929 Laurel Valley Ave Cir (same)

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Bradenton FL

City & State

(same)

4. FEI Number

Applied For  
 Not Applicable

Zip 34202

Country USA

Zip (same)

Country (same)

5. Certificate of Status Desired

\$5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Bonnie L. Gaipo

Street Address (P.O. Box Number is Not Acceptable)

9929 Laurel Valley Ave Cir

City

Bradenton

FL

Zip Code

34202

**DO NOT WRITE  
IN THIS SPACE**

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

Bonnie L. Gaipo

4-7-03

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

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE: President - MGRM  
NAME: Robert S. GAIPO  
STREET ADDRESS: 9929 Laurel Valley Ave Cir.  
CITY-ST-ZIP: Bradenton FL 34202

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE: TARAS V. KOCHNO - VICE PRESIDENT - MGRM  
NAME: TARAS V. KOCHNO  
STREET ADDRESS: 4967 Cherry Hills Ave Cir  
CITY-ST-ZIP: Bradenton FL 34202

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE: Treasurer - MGRM  
NAME: Donna M. KOCHNO  
STREET ADDRESS: 9967 Cherry Hills Ave Cir.  
CITY-ST-ZIP: Bradenton FL 34202

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE: Secretary - MGRM  
NAME: Bonnie L. Gaipo  
STREET ADDRESS: 9929 Laurel Valley Ave Cir.  
CITY-ST-ZIP: Bradenton FL 34202

TITLE  
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CITY-ST-ZIP

**DO NOT WRITE  
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: Bonnie L. GAIPO / Bonnie L. Gaipo

4-7-03

(941-358-3440)

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

Date

Daytime Phone #

CR2E083B (12/02)