

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 22, 2003 8:00 am
Secretary of State

09-22-2003 90103 021 ****50.00

0021599

DOCUMENT # L02000035005

1. Entity Name
CHRISJANDO, L.L.C.



Principal Place of Business 6435 S.E. WILD OLIVE LANE STUART FL 34997	Mailing Address 6435 S.E. WILD OLIVE LANE STUART FL 34997
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number Applied FOR	Applied For Not Applicable
Zip	Country	Zip	Country



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
SOPKO, JAMES
853 SE MONTEREY COMMONS BLVD.
STUART FL 34995

7. Name and Address of New 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAMPORA, DONALD L 6435 S.E. WILD OLIVE LANE STUART FL 34997	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAMPORA, JEANNE C 6435 S.E. WILD OLIVE LANE STUART FL 34997	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHRISTINE L. CAMPORA 6345 SE WILD OLIVE LN STUART, FL 34997	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: Christine L. Campora **REQUIRED** **9/19/03 407-739-0396**

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

CR2E083 (4/03)