

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

**FILED**  
**May 14, 2003 8:00 am**  
**Secretary of State**

03-21-2003 90029 048 \*\*\*\*\*50.00

DOCUMENT # L02000035206

1. Entity Name

J AND Y ESTATES, LLC



**DO NOT WRITE IN THIS SPACE**

44001585

2. Principal Office Address  
2411 NE 196 St.  
Suite, Apt. #, etc.

3. Mailing Address  
2411 NE 196 St.  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
N.M.B. FL

City & State  
NMB FL

4. FEI Number  
04-3734751

Applied For  
Not Applicable

Zip  
33180

Country  
Dade

Zip  
33180

Country  
Dade

5. Certificate of Status Desired  \$5.00 Additional Fee, Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
DRUCKMANN JERRY & YEHUDITH

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

2411 NE 196 St.

City  
NMB

FL

Zip Code  
33180

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.

*Jerry Druckmann* Jerry Druckmann

4/30/03

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME  
DRUCKMANN JERRY  
STREET ADDRESS  
2411 NE 196 St. NMB FL 33180  
CITY - ST - ZIP

TITLE NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME  
DRUCKMANN YEHUDITH  
STREET ADDRESS  
2411 NE 196 St. NMB FL 33180  
CITY - ST - ZIP

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**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:

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

Date

Daytime Phone #

CR2E083B (12/02)