

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90025 012 ****50.00

DOCUMENT # L03000040039

1. Entity Name
JRTB, LLC



Principal Place of Business
**P.O. BOX 2870
WESTPORT, CT 06880**

Mailing Address
**P.O. BOX 2870
WESTPORT, CT 06880**

2. Principal Place of Business
265 Post Road West

Suite, Apt. #, etc.

3. Mailing Address
c/o Rand Real Estate, Inc.

Suite, Apt. #, etc.

P.O. Box 2870

02252004 Chg-LLC CR2E083 (10/03)



City & State
Westport, CT

City & State
Westport, CT

4. FEI Number
20-0337623

Applied For
Not Applicable

Zip
06880

Country
USA

Zip
06880

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPENCER BLUM, SAMUEL ESQ
2666 TIGERTAIL AVE., STE. 106
COCONUT GROVE, FL 33133**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete
NAME **RANDEL, JAMES A**
STREET ADDRESS **P.O. BOX 2870**
CITY- ST- ZIP **WESTPORT, CT-06880**

TITLE **MGRM** ☒ Change ☐ Addition
NAME **Randel, James A.**
STREET ADDRESS **265 Post Road West**
CITY- ST- ZIP **Westport, CT-06880**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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:

JAMES A. RANDEL

4-12-04

203-226-8727

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

Date

Daytime Phone #