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

DOCUMENT # 603000 52388 J. J. Lynch LLC



FILED Apr 16, 2004 8:00 am Secretary of State 04-16-2004 90412 023 ****55.00

(4 55 00 cm

	DO NOT WRITE	IN THIS SE	PACE	82224042
2. Principal Pi	lace of Business	3. Mailing Address		
Suite, Apt.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State		City & State		4. FEI Number Applied For
Zip	tion Flerido	Zip	Country	90 051/058 Not Applicable 5 Cartificate of Status Decired III \$5.00 Additional
433	24 USA			5. Certificate of Status Desired Fee Required
a de la companya de l				7. Name and Address of Current Registered Agent
	'DO NOTW	DITE	Name	IN Del Cristo (Jelo O - Morko -
	DO NOT W	她"乱世"的"武武"。 医髓管管管 数。	表 [17] [18] [18] [18] [18] [18] [18] [18] [18	ess (P.O. Box Number is Not Acceptable)
IN THIS SPACE 3001 SW 3rd AV-				
			City .ad	FI Zip Code
A LONG TO STATE OF		一個人們們們	11/10	PL Zip Code 33/29
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 Jacquing Del Cristo (de Lo O & Monto) 10 Art 04 Date Date				
			EE IS \$50.00	
•		Make Check Payabi		tment of State
		<u> </u>	IUE BY MAY 1	
9.	MANAGING MEMBER	RS/MANAGERS	at at at at an an	
TITLE NAME			MILE*	
STREET ADDRESS	Perry A Keel 1092/ NW 3rd Plantation: FL	'ST	STREET ADDRESS	
CITY-ST-ZIP	Plantation, FL	33324	CITY-ST-71P	
TITLE	,		TITLE	
NAME STREET ADDRESS			NAME	
CITY-ST-ZIP		•	STREET ADDRESS CITY-ST-ZIP	
TITLE	•		TITLE	
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	DO NOT WRITE
CITY-ST-ZIP			CITY ST ZIP	
TITLE NAME		ن غ المر	NAME	IN THIS SPACE
STREET ADDRESS	.		STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		,*	Inness.	
NAME STREET ADDRESS		,	NAME	
CITY-ST-ZIP	, , ,		STREET ADDRESS CITY-ST-ZIP	
TITLE			mue -	The state of the s
NAME			NAME	
STREET ADDRESS	•		STREET ACCURESS	
CITY-ST-ZIP	AT ALL AND A TOWN OF THE STREET		CNY 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.				