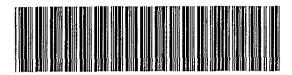
## W4000003897

Jennifer Finch (Requestor's Name)						
2340 SW 2nd Ave						
Cainery 1e Ft 32607						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
10/7 RIA Change						
W4-3897						

Office Use Only



000041565500



10/07/04--01043--002 \*\*25.00

FILED
04 OCT -7 PH 4: 26

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

agent, or both, in the sta					
1. The name of the limit	ed liability company is:	JEC PROPERTIE	S, L.L.C.		
2. The mailing address of					
	UE, GAINESVILLE FI				
01/15/2004		L04000	0003897		
3. Date of filing/registration in Florida 4. Document nur			nent number		
5. The name of the regist Florida Department of	ered agent and the regist		shown on the records	s of the	
	426 NW 25TH STR	Name ET	<del></del>		
	GAINESVILLE FL 3	Address 2607 State and Zip	- 50 - 50	30 <b>7</b> 0	-
6. The name and address	•	-	100 100 100 100 100 100 100 100 100 100	04 OCT -7 PM 4: 26	TI FIND
	2340 SW 2ND AVE			્રા ા 26	C
	Florida street address	(P.O. Box NOT acce	ptable)		
	GAINESVILLE	FL 32607			
	City, St	ate and Zip			
If the limited liability conconfirmed that after the cand the business office of liability company, it is he the members of the limit the operating agreement (Signature of a member or authorized)	change or changes are ma the registered agent will enough confirmed that the ed hability company or a of the limited liability co	ide, the Florida street the identical. Or, in change(s) was/were a s otherwise provided mpany.	State of Florida, it is haddress of the registe the case of a Florida luthorized by an affirm in the articles of orga	ereby red offic imited native vo nization	e ote of or
JOAQUIN E. CASTILI	LO, MANAGER				
(Printed or typed name of signed	•				
I hereby accept the appo comply with the provisio and I am familiar with a Chapter 608, 17.5. Or, if address, I hereby confirm (Signature of Registered Agent)		ent and agree to act it to the proper and con of my position as regled to merely reflect to company has been n	in this capacity. I furi implete performance of sistered agent as prov a change in the regist otified in writing of th	her agre f my dut ided for ered off his chân	e to ies, in ice ge.
1/	on of Corporations. P.C	). Box 6327. Tallaha	ssee. FL 32314		

→ FILING FEE: \$25.00

INHS18(10/99)