

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L92000000049**

1. Entity Name
JERFRA DEVELOPMENT, L.C.

APPROVED
AND
FILED

00 MAY 18 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business C/O MITCHELL MCRAE 23003 SOUTH STATE ROAD 7 BOCA RATON FL 33428	Mailing Address C/O MITCHELL MCRAE 23003 SOUTH STATE ROAD 7 BOCA RATON FL 33428-5433
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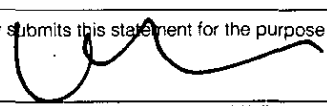
2. Principal Place of Business C/O Suite: MITCHELL T. McRAE, P.A. 6274 LINTON BLVD., SUITE 100 City: DELRAY BEACH, FL 33484	3. Mailing Address C/O Suite: MITCHELL T. McRAE, P.A. 6274 LINTON BLVD., SUITE 100 City: DELRAY BEACH, FL 33484
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DO NOT WRITE IN THIS SPACE

Zip	Country	Zip	Country	4. FEI Number 65-0573481	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent MCRAE, MITCHELL T. P.A. WEST BOCA PLAZA, 23003 SOUTH STATE ROAD 7 BOCA RATON FL 33428	7. Name and Address of New Registered Agent Name MITCHELL T. McRAE, P.A. Street Address (P.O. Box Number is Not Acceptable) 6274 LINTON BLVD., SUITE 100 DELRAY BEACH, FL 33484 City FL Zip Code
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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.

SIGNATURE  DATE **4/5/2000**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M SCHIFF, JERRY 23123 ST RD 7, SUITE 201 BOCA RATON FL 33428	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	HCRM SCHIFF, JERRY 6274 LINTON BLVD, SUITE 100 DELRAY BEACH, FL, 33484	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600003283945--0 -05/12/00--01006--002 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)