2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L92000000049

1. Entity Name

JERFRA DEVELOPMENT, L.C.

Principal Place of Business	Mailing Address
C/O MITCHELL MCRAE 6274 LINTON BLVD., SUITE 100 DELRAY BEACH FL 33484	C/O MITCHELL MCRAE 6274 LINTON BLVD., SUITE 100 DELRAY BEACH FL 33484

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	DO NOT WRITE IN THIS SPACE
City & State	City & State	4. FEI Number 65-0573481 / Applied For / Not Applicable
Zip / Country	Zip / Country	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
MCRAE, MITCHELL T P.A. 6274 LINTON BLVD. ,SUITE 100 DELRAY BEACH FL 33484	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.

SIGNATURE _____
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	00000419246O--6 -05/10/01--01026--023 *****50.00 *****50.00

9.	MANAGING MEMBERS/MEMBERS		10.		ADDITIONS/CHANGES	
TITLE	M	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	SCHIFF, JERRY		NAME			
STREET ADDRESS	6274 LINTON BLVD., SUITE 100		STREET ADDRESS			
CITY-ST-ZIP	DELRAY BEACH FL 33484		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			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: SIGNATURE REQUIRED   April 20/01 (514) 735-6680

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #