2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9400000612

1. Entity Name

JARAMAR DANIELS ROAD, L.C.



Apr 28, 2003 8:00 am Secretary of State

SALIAWAN DANIELO HOAD, L.O.										
Principal Place of Business P.O. BOX 6966 FORT MYERS FL 33911		Mailing Address P.O. BOX 6966 FORT MYERS FL 33911		5						
2. Principal Place of Business		3. Mailing Address		- 1						
						011 010 10111 01211 03111 001H 0	0 613 0 0 163 0 0 111 3	\$11 8 0 11 6 1 111	#16 1101 [#H]	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES					
City & State		City & State			4. FEI Num	10 0405000			oplied For ot Applicable	
Zip	Country	Zip	Country	To sever	5. Certifica	te of Status Desired		.00 Add Require		
	6. Name and Address of Current	Registered Agent			7. Name a	nd Address of New Re	gistered Age	nt		1
CRONIN, THOMAS R SR.				ame						
3591 FOWLER STREET FORT MYERS FL 33901			S	Street Address (P.O. Box Number is Not Acceptable)						
FUR	1 MYEHO PL 33901									1
			С	ity			FL	Zip Code	e	ĺ
	named entity submits this statement for ions of registered agent.	or the purpose of changing its r	registered of	ffice or register	ed agent, or b	ooth, in the State of Flori	da. I am fam	iliar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable (NOTE)	- Degistered Age	nt signature required	(whoe reinstation)		DATE		· 	
	Signature, typed or printed name of registered agent				when remstating)		DAIE			ĺ
		Make Check Payable		: IS \$50.00 la Departmer	nt of State					
		· ·	By May 1	•						ľ
9.	MANAGING MEMBE	ERS/MANAGERS	10.			ADDITIONS/C	HANGES]
TITLE	MGR CRONIN, THOMAS R SR.	☐ Delete	TITLE] Change	☐ Addition	000
NAME STREET ADDRESS	3591 FOWLER STREET		name Street ad	IDRESS						3
CITY-ST-ZIP	FORT MYERS FL 33901		CITY-ST-Z							8
TITLE .	MEM	☐ Delete	TITLE					Change	Addition	Č
NAME STREET ADDRESS	C.S.L. & G. DEVELOPMENT LTD 3591 FOWLER STREET).	name Street ad	nnarce						
CITY-ST-ZIP	FORT MYERS FL 33901		CITY-ST-Z	J					•	
TITLE	MEM	Delete	TITLE			- -] Change	Addition	-
NAME	FLORDECO, INC.		NAME							ŀ
STREET ADDRESS CITY-ST-ZIP	3591 FOWLER STREET FT. MYERS FL 33901		STREET AD CITY-ST-Z	l l						
TITLE	(1. MILIO L 3090	☐ Delete	TITLE	"] Change	Addition	
NAME			NAME							
STREET ADDRESS CITY-ST-ZIP			STREET AD	1						1
TITLE	<u> </u>	☐ Delete	TITLE		-] Change	☐ Addition	ł
NAME		C Delete	NAME				L) Ollange	L) Addition	
STREET ADDRESS			STREET AD	ſ						
CITY-ST-ZIP			CITY-ST-Z	IP			<u>_</u>	1 Charre	· .	ł
TITLE NAME		☐ Delete	TITLE NAME				L	Change .	Addition	
STREET ADDRESS			STREET AD	DRESS					I	ĺ
CITY-ST-ZIP			CITY-ST-Z			<u> </u>				
11. I hereby o	ertify that the information supplied with	this filing does not qualify for t	the exempti	on stated in Sec	ction 119.07(3	3)(i), Florida Statutes. I f	urther certify	that the in	nformation	ĺ

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, MANAGER, OR AUTHORIZED REPRESENTATIVE