2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9500000231

1. Entity Name

JPB PROPERTIES, L.C.

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FILED Apr 14, 2003 8:00 am Secretary of State 04-14-2003 90744 044 ****50.00

Daytime Phone #

	=				1000						
Principal Place of Business			Mailing Address			1					
192 LOWE STR			JOHN POWERS								
TAVERNIER FL 33070			200 ALDER LANE			1					
			BOULDER CO 80304			1 (38)(3)	. 818 16181 ALITE SERTE A PLEZ			120 6 0 18 0 1 1 80 1	
2 Principal P	Place of Busin	200	3. Mailing Address	_		-					
2. Principal Place of Business			3. Walling Address				I ala ibibi bilil acili dali li	Fa iri Fa ili Fa il	I BRAID (ARAG		
Suite, Apt.	#, etc.		Suite, Apt. #, etc.	Suite Apt. # etc.			CHECK HERE IF MAKING CHANGES				
						CHECK HERE IF MAKING CHANGES					
City & State			City & State			4. FEI Numb	er 58-216988 5	5	A	oplied For]
										ot Applicable	1
Zip		Country	Zip	Coun	try	5. Certificate	of Status Desired		55.00 Ad		
	6 Name	and Address of Current	Penietared Agent	<u> </u>		7 Name and	Address of New Re		•		┨
<u> </u>	O. Name	And Address of Current	uedisteled Wellt		Name	المعادد التي ديد	Address of Hew Ne	gistered A			1
TRO	UT, RICHAI	RD									⇃
192	LOWE STR	eet			Street Address (P.O. Box Number is Not Acceptable)						1
TAVI	ernier fl	33070									1
				•					1		1
					City			FL	Zip Coc	le	
8. The above	named entity	submits this statement for	or the purpose of changing its	registere	ed office or register	red agent, or bot	th, in the State of Flor	ida. I am fa	miliar with,	and accept	1
the obligati	ions of registe	ered agent.									l
SIGNATURE .											
	Signature, typed	or printed name of registered agent	and title if applicable. (NOTI	E: Registered	d Agent signature required	d when reinstating)		DATE			-
			FILE NO	DW!!! I	FEE IS \$50.00						l
!			Make Check Payab		•	ent of State					
			Du	e By Ma	ay 1, 2003						
9.		MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS/	CHANGES],
TITLE	MGRM		□ Delete	TITLE	·				Change	☐ Addition	
NAME	POWERS,			NAM							13
STREET ADDRESS	200 ALDER LANE				ET ADDRESS						8
CITY-ST-ZIP	BOULDER CO 80304			-	-ST-ZIP						
TITLE	MGRM	MOONID	☐ Delete	TITLE	\ \				☐ Change	☐ Addition	8
NAME STREET ADDRESS		, JAROMIR ELER PLACE		NAMI	ET ADDRESS						
CITY-ST-ZIP		H NJ 07641			- ST-ZIP						
TITLE	HAWORII	1 Ma 01041	☐ Delete	TITLE			<u> </u>		☐ Change	☐ Addition	1
NAME -		المعاجب مم			E7,/ • # #	وعوا مسيحت	· · · · · · · · · · · · · · · · · · ·	യം ഉഗ്ര -			ļ.,
STREET ADDRESS	{	•	- J-1		ET ADDRESS				- •	• .	"
CITY-ST-ZIP				CITY	-ST-ZIP						
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NAME				NAMI	E (l
STREET ADDRESS					ET ADDRESS						
CITY-ST-ZIP				_	-ST-ZIP						-
TITLE			☐ Delete	TITLE					Change	Addition	
NAME STREET ADDRESS				NAM	ET ADDRESS						
CITY-ST-ZIP	•				-ST-ZIP						
TITLE			☐ Delete	TITLE					☐ Change	☐ Addition	1
NAME			FT Delete	NAM						L-4 - 100111011	1
STREET ADDRESS					ET ADDRESS						
CITY-ST-ZIP				CITY-	-ST-ZIP						ĺ
11. hereby o	ertify that the	information supplied with	this filing does not qualify for	the exe	mption stated in Se	ection 119.07(3)(i), Florida Statutes. I	further certi	y that the i	nformation	l
indicated limited liat	on this report bility compan	t is true and accurate and y or the receiver or truster	that my signature shall have a empowered to execute this	tne same report as	e legal effect as if n required by Chap	nade under oath ter 608, Florida S	; tnat I am a managi Statutes.	ng member	or manage	er of the	