## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L9500000610

1. Entity Name

JLM GROVES, L.C.

Principal Place of Business

6775 SILVER STAR ROAD ORLANDO FL 32818

Mailing Address

% BALESTRA CAPITAL LTD

1185 AVENUE OF THE AMERICAS NORTH, 32ND FL

NEW YORK NY 10036

2. Principal Place of Business 3. Mailing Address

**FILED** Jul 30, 2002 8:00 am Secretary of State

07-30-2002 90002 013 \*\*\*\*50.00

971573



Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  Country  Country  Country  S. Certificate of Status Desired  F. Name and Address of Current Registered Agent  CORPORATION SERVICE COMPANY 1201 HAYS STREET  TALLAHASSEE FL 32301-2525  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Street Address of registered agent, or both, in the State of Florida. I am far the obligations 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  Due By September 25, 2002	\$5.00 Fee Requi	Applied For Not Applicable Additional uired
City & State  City & State  City & State  City & State  Country  Country  Country  Country  5. Certificate of Status Desired  6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525  Street Address (P.O. Box Number is Not Acceptable)  City  FL  6. Name and Address of New Registered Agent  Street Address (P.O. Box Number is Not Acceptable)  FL  Signature, typed or printed name of registered agent and site if applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE  FILE NOW!!! FEE IS \$50.00  Make Check Payable to Department of State	\$5.00 Fee Requ	Applied For Not Applicable Additional uired
Country  Zip  Country  Zip  Country  5. Certificate of Status Desired  6. Name and Address of Current Registered Agent  7. Name and Address of New Registered A  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525  Street Address (P.O. Box Number is Not Acceptable)  City  FL  6. Name and Address of New Registered A  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525  City  FL  Signature of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am far  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	ree Requ	Not Applicable Additional uired
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6. Name and Address of Current Registered Agent  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525  Street Address (P.O. Box Number is Not Acceptable)  City  FL  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	ree Requ	Additional uired
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Make Check Payable to Department of State		
Due By Sentember 25, 2002		
9. MANAGINO ME POR		
9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES		
NAME MELCHED JAMES LITTLE 1		
STREET ADDRESS 1185 AVENUE OF THE AMERICAS	Change	☐ Addition
CITY-ST-ZIP NEW YORK NY 10036		1
TITLE MGRM		ĺ
DENASION, APRIL	Change	☐ Addition
210 WEST 90 STREE		]
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	Change	☐ Addition
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LE CITY-ST-ZIP		1
ME Delete TITLE	Ob :	
REET ADDRESS NAME	Change	☐ Addition
Y-ST-ZIP STREET ADDRESS		ľ
I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Castin 4.6 and		1

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.

IGNATURE:

TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

7/16/02 212-768-9000