2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9500000610

1. Entity Name

JLM GROVES, L.C.

Principal Place of Business



FILED Jan 10, 2003 8:00 am Secretary of State 01-10-2003 90004 015 ****50.00

Principal Place of Business 6775 SILVER STAR ROAD ORLANDO FL 32818		Mailing Address				
		% Balestra Capital, L 1185 Avenue of the A New York NY 10036				
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 59-3346154 Applied For Not Applicab		
Zip 	Country	Zip	Country	5. Certificate of Status Desired 55.00 Addit Fee Required		
	6. Name and Address of Curren	t Registered Agent		7. Name and Address of New Registered Agent		
CO 120	RPORATION SERVICE COMPANY 11 HAYS STREET LAHASSEE FL 32301-2525		Street Add	ress (P.O. Box Number is Not Acceptable)		
			City	FL Zip Code		
8. The above	named entity submits this statement for	or the purpose of changing its	s registered office or rea	gistered agent, or both, in the State of Florida. I am familiar with, an		
the obligat	ions of registered agent.	, ,	rogiotoroa onice or rej	gistered agent, or both, in the State of Florida. I am familiar with, an	d accept	
SIGNATURE	Cimah					
	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered Agent signature re	equired when reinstating) DATE		
		Make Check Payab	OW!!! FEE IS \$50. le to Florida Depar e By May 1, 2003	.00 tment of State		
9.	MANAGING MEMBE	RS/MANAGERS	10.	ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE			
NAME CTREET ADDRESS	MELCHER, JAMES		NAME	∟ Change [Addition	
STREET ADDRESS CITY-ST-ZIP	1185 AVENUE OF THE AMERIC	AS	STREET ADDRESS			
TITLE	NEW YORK NY 10036 MGRM		CITY-ST-ZIP			
NAME .	BENASICH, APRIL	☐ Delete	TITLE	☐ Change [Addition	
STREET ADDRESS	210 WEST 90 STREET		NAME STREET ADDRESS			
CITY-ST-ZIP	NEW YORK NY 10024		CITY-ST-ZIP			
TITLE		□ Delete	TITLE			
NAME	•	□ Delete	NAME	☐ Change ☐	Addition	
STREET ADDRESS.			STREET ADDRESS	المسروبييسيما مرازاتي الربية كالعموض الراحات المحادي		
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE	☐ Change	7 Addition	
NAME STREET ADDRESS			NAME		Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS		·	
TITLE			CITY-ST-ZIP			
NAME		☐ Delete	TITLE	☐ Change	Addition	
STREET ADDRESS			NAME :			
CITY-ST-ZIP	·		STREET ADDRESS CITY-ST-ZIP			
TITLE	· · · · · · · · · · · · · · · · · · ·	☐ Delete	-			
IAME ,		□ Delete	TITLE NAME	☐ Change ☐	Addition	
TREET ADDRESS			STREET ADDRESS		j	
ITY-ST-ZIP			CITY-ST-ZIP			
1. Thereby cer	rtify that the information supplied with t	his filing does not qualify for t		Section 119.07(3)(i), Florida Statutes, I further certify that the inform		

11. 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