2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002391

1. Entity Name
J.L.R.G. JOINT VENTURE LLC

Principal Place of Business	Mailing Address
17951 LAKE CARLTON DR.	17951 LAKE CARLTON DR.
LUTZ FL 33549	LUTZ FL 33549-6382

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	DO NOT WRITE IN THIS SPACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	4. FEI Number 59-3532184 — 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
LIPSCOMB, JOSHUA C 17951 LAKE CARLTON DR. LUTZ FL 33549	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

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES		
TITLE MGRM **NAME** LIOSCOMB, JOSHUA C **STREET ADDRESS** 17951 LAKE CARLTON DR. **CITY-ST-ZIP** LUTZ FL 33549	☐ Delete	**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP**		☐ Change ☐ Addition
TITLE MGRM **NAME** GREEN, ROBERT **STREET ADDRESS** 17951 LAKE CARLTON DR. **CITY-ST-ZIP** LUTZ FL 33549	☐ Delete	**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	700003260757--7 --05/19/00--01136--015 *****50.00 *****50.00	☐ Change ☐ Addition
TITLE **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Delete	**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP**		☐ Change ☐ Addition
TITLE **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Delete	**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP**		☐ Change ☐ Addition
TITLE **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Delete	**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP**		☐ Change ☐ Addition
TITLE **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Delete	**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP**		☐ Change ☐ Addition

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 ____ 2/8/00 ____ 968 3647

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