| 2001          | UNIFORM | <b>BUSINESS</b> | REPORT | (UBR) |
|---------------|---------|-----------------|--------|-------|
| <b>Z</b> UU 1 | CUILOUM | DUSINESS        | NEPUNI | (UDR) |

|   | 3                  | <del>,                                     </del> |                                 | - î            |                         | <del></del>            |  |                   |                           |  |
|---|--------------------|---|---------------------------------|----------------|-------------------------|------------------------|--|-------------------|---------------------------|--|
| DOCUMENT # L9800002391  1. Entity Name  J.L.R.G. JOINT VENTURE LLC  |                    |   |                                 |                |                         |                        | FILED .  |                   |                           |  |
|   |                    |   |                                 |                |                         |                        | 01-MAY 29 PM 3: 53   |                   |                           |  |
| Principal Place of Business  17951 LAKE CARLTON DR. LUTZ FL 33549  Mailing Address  17951 LAKE CARLTON DF LUTZ FL 33549 |                    |   |                                 | I DR.          |                         | ,                      | SECRETARY OF STATE TO LAW THE TURNOA   |                   |                           |  |
| 2. Principal Place of Business  3. Mailing Address  |                    |   |                                 |                |                         |                        |  |                   |                           |  |
| Suite, Apt. #, etc. Suite, Apt. #, etc.   |                    |   |                                 |                |                         |                        | DO NOT WRITE IN THIS SPACE   |                   |                           |  |
| City & State  |                    |   | City & State                    | City & State   |                         | 4. FEI N               | tumber<br><b>59-3532184</b>  |                   | plied For<br>t Applicable |  |
| Zip -   |                    | Country   | . Zip                           | Coun           | itry                    | 5. Certi               | ficate of Status Desired   | \$5.00 Add        |                           |  |
|   | 6. Name            | and Address of Curren                             | t Registered Agent              |                |                         | 7. Nam                 | e and Address of New Registered  | l Agent           |                           |  |
|   |                    |   |                                 |                | Name                    |                        |  |                   |                           |  |
| LIPSCOMB, JOSHUA C<br>17951 LAKE CARLTON DR.  |                    |   |                                 |                | Street Add              | ress (P.O. Box N       | lumber is Not Acceptable)  |                   |                           |  |
|   |                    | ON DW   |                                 |                |                         |                        |  |                   |                           |  |
| LUTZ FL   | 33549              |   |                                 |                | City                    |                        | F  | Zip Code          | e                         |  |
| D The shave   |                    | ay sybmits this statement f                       | or the ourness of changing      | ite register   | ed office or re         | nistered agent         | or both, in the State of Florida.  |                   |                           |  |
| <b>8.</b> The above   | named entil        | y submits this statement i                        | or the purpose of changing      | ita registeri  | eu onice or re          | gistered agent,        | or powi, in the state of themas.   |                   |                           |  |
| SIGNATURE .   | Circulation beauti | or printed name of registered agen                | t and title if equipments       | OTF: Registere | d Agent signature       | required when reinstat | pg) DATE   |                   |                           |  |
|   | Signature, types   | or printed name of registered agen                | it and the it applicable.       | OTC. Naglatoro | a rigon dignatoro       | oquico miorromaia      | PATE DATE  | <del>)229</del>   |                           |  |
|   |                    |   | i                               |                | FEE IS \$50             |                        |  |                   |                           |  |
|   |                    | •   | Make Check                      | Payable t      | o Departme              | ent of State           | *****\U.\U\<br>  | 未未未未完             | טט.טט (                   |  |
| 9.  |                    | MANAGING MEMI                                     | <br>BERS/MEMBERS                | 10.            |                         |                        | ADDITIONS/CHANGE   | S                 |                           |  |
| TITLE   | MGRM               | ,   | ☐ Delete                        | TITL           | E                       |                        |  | Change            | ☐ Addition                |  |
| NAME  |                    | AB, JOSHUA C                                      |                                 | NAM            | IE                      |                        |  |                   | 1                         |  |
| STREET ADDRESS  |                    | KE CARLTON DR.                                    |                                 | 1              | EET ADDRESS             |                        |  |                   |                           |  |
| CITY-ST-ZIP   | LUTZ FL            | 33549   |                                 |                | '-ST-ZIP                |                        |  |                   |                           |  |
| MILE  | MGRM               |   | ☐ Delete                        | . TITL<br>NAM  |                         |                        |  | ☐ Change          | ☐ Addition                |  |
| NAME<br>Street address  | GREEN,             |   |                                 |                | EET ADDRESS             |                        |  |                   | ł                         |  |
| CITY-ST-ZIP   |                    | NKE CARLTON DR.<br>.33549                         |                                 |                | '-ST-ZIP                | . پ                    | والمراجع المراجع المرا |                   |                           |  |
| NTLE  | CUIZIFE            | 33043   | □ Delete                        | TITL           | E .                     |                        |  | ☐ Chaпge          | ☐ Addition                |  |
| NAME  |                    |   |                                 | NAM            | E                       |                        |  |                   |                           |  |
| STREET ADDRESS  |                    |   |                                 |                | EET ADDRESS             |                        |  |                   |                           |  |
| CITY-ST-ZIP   |                    |   |                                 |                | '-ST-ZIP                |                        |  | Change            | Addition                  |  |
| TITLE   |                    |   | ☐ Delete                        | TITL<br>Nam    | i                       |                        |  | Change            |                           |  |
| NAME<br>Street address  |                    |   |                                 |                | EET ADDRESS             |                        |  |                   | į                         |  |
| CITY-ST-ZIP   |                    |   |                                 | CITY           | r-ST-ZIP                |                        |  |                   |                           |  |
| TITLE   |                    |   | ☐ Delete                        | TITL           | E                       |                        |  | ☐ Change          | ☐ Addition                |  |
| NAME  |                    |   |                                 | NAM            |                         |                        |  |                   |                           |  |
| STREET ADDRESS  |                    |   |                                 |                | EET ADDRESS<br>/-ST-ZIP |                        |  |                   |                           |  |
| CITY-ST-ZIP   |                    |   |                                 |                |                         |                        |  | ☐ Change          | ☐ Addition                |  |
| title<br>Name *   |                    |   | ☐ Delete                        | TITL<br>NAM    |                         |                        |  | - Onange          | nontroll                  |  |
| NAME<br>STREET ADDRESS  |                    |   |                                 |                | EET ADDRESS             |                        |  |                   | ĺ                         |  |
| CITY-ST-ZIP   |                    |   |                                 |                | '-ST-ZIP                |                        |  |                   |                           |  |
| 11. I hereby  | certify that th    | ne information supplied wi                        | th this filing goes not quality | for the exe    | emption stated          | in Section 119.        | 07(3)(i), Florida Statutes. I further o  | ertify that the i | nformation                |  |

indicated on this report is true and accurate and that my limited flability company or the receiver or trustee empoyer. signature shalf have the same legal effect as it made under oath; that I all gred to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: