

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90044 033 ****50.00

DOCUMENT # L98000003230

1. Entity Name

JBD FAMILY PARTNERSHIP II, L.C.



Principal Place of Business

**1861 PLACIDA ROAD, SUITE 204
ENGLEWOOD FL 34223**

Mailing Address

**1861 PLACIDA ROAD, SUITE 204
ENGLEWOOD FL 34223**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0881216**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**Dean Hanewinkel, Esq.
McKinley, Ittersagen, Gunderson &
Berntsson, P.A., Attorneys At Law
1861 Placida Road, Suite 204
Englewood, FL 34223-4949**

7. Name and Address of New Registered Agent

Name

Dean Hanewinkel, Esq.

Street Address (P.O. Box Number is Not Acceptable)

1861 Placida Road Suite 204

City **Englewood**

FL

Zip Code **34223-4949**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/13/03

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

**MGR
EDGERTON, JERRY A
1861 PLACIDA ROAD, SUITE 204
ENGLEWOOD FL 34223**

☐ Delete

10. ADDITIONS/CHANGES

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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

3/12/2003

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

Date

Daytime Phone #

CR2E083 (10/02)