2000 UNIFORM BUSINESS REPORT (UBR)

APPROVER

DOCUMENT # 1980000 3284 00 MAY -6 AM 11: 27 1. Entity Name SECRETARY OF STATE JFH CONSTRUCTION, L.C. FALLAHASSEE, FLORIDA Mailing Address Principal Place of Business 5811 PELICAN BAY BLVD 5811 PELICAN BAY BLVD SUITE 208 SUITE 208 NAPLES, FL 34108 NAPLES, FL 34108 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State Not Applicable 65-0877689 \$5,00 Additional Country Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LAWSON, LINDA A ATTY Street Address (P.O. Box Number is Not Acceptable) . 866 99TH AVENUE NORTH Zip Code NAPLES, FL 34108 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. CR2E083 (11/99 Addition Change TITLE MANAGER TITLE NAME STEPHEN COLEMAN NAME STREET ADDRESS 5811 PELICAN BAY BLVD STREET ADDRESS CITY - ST - ZIP NAPLES, FL 34108 CITY - ST - ZIP Addition Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY - ST - ZIP CITY ST - ZIP Addition Delete TITLE TITLE NAME NAME 06/07/00 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 李宇宇李孝皇门 CITY - ST - ZIP TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. 4 27:00 SIGNATURE: Daytime Phone # PEO OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER SIGNATURE AND TO