2001	UNIFORM	BUSINESS	<b>REPORT</b>	(UBR
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DOCUMENT # L9900000133					·				
JUST BALLYHOO, LLC					FILED				
					7-1 MAL GO	PH 2: 10			
Principal Plac	ce of Business	Mailing Address				, ,,-			
2300 AVE. E RIVIERA BEA	ast CH FL 33404	2300 AVE. EAST RIVIERA BEACH FL 3340	4		SEGRETARY TALLIAHASSE	E, FLORIDA			
2. Principal F	Place of Business	3. Mailing Address	th. Str	eet		<b>                                    </b>	<b>0 (1400 1711 1001</b>		
Suite, Apt. #, etc. Suite, Apt. #, etc.			· · · · · · · · · · · · · · · · · · ·		DO NOT WRITE II	N THIS SPACE			
City & Sta	de	RIVIERA BEA	ch F	4. 1	FEI Number 62-1763781	. —	oplied For ot Applicable		
Zip	Country  6. Name and Address of Current	33404	Palm Be	<u>#CN  </u>	Certificate of Status Desired  Name and Address of New Regl	□ \$5.00 Add			
•	o. Name and Address of Carrent	nogistaroo Agent	Name		rame and Address of New Negr	stered Agent			
VANMUN	Street Ad	Street Address (P.O. Box Number is Not Acceptable)							
28 EAST 16TH STREET RIVIERA BEACH FL 33405 33404						<u></u>			
			City			FL Zip Cod	e .		
8. The above	named entity submits this statement for	the purpose of changing its	registered office or	registered ag	ent, or both, in the State of Florida	1.			
SIGNATURE	Signature, typed or printed name of registered agent a	Municipal Market (NOTE	: Registered Agent signatu	re required when re	ninstation)	-13-200			
			OW!!! FEE IS \$						
•	<b>-</b> ;	Make Check Pa	•		te				
9.	MANAGING MEMBE		10.		ADDITIONS/CH	ANGES			
TITLE NAME	MGRM VANMUNSTER, RICHARD G	☐ Delete	TITLE NAME			☐ Change	☐ Addition		
STREET ADDRESS CITY-ST-ZIP	28 EAST 16TH STREET RIVIERA BEACH FL 33405		STREET ADDRESS CITY-ST-ZIP						
TITLE	HIVIERA DEACH PL 33403	☐ Delete	TITLE	·- ·		☐ Change	☐ Addition		
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP	7 · 2 ·	5000035 -01/23/0 ******50	)1010751	,		
TITLE	- 1	- □ Delete	-TITLE -	-	**************************************	- Change	Addition		
STREET ADDRESS CITY-ST-ZIP			NAME Street address City-St-Zip						
TITLE NAME		☐ Delete	TITLE NAME		M	☐ Change	☐ Addition		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	<b></b>	N'	,			
TITLE NAME-		☐ Delete	TITLE NAME			☐ Change	☐ Addition		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				{		
TITLE		☐ Delete	TITLE			☐ Change	Addition		
NAME STREET ADDRESS		•	NAME STREET ADDRESS						
CITY-ST-ZIP	certify that the information supplied with	this filing does not qualify for	CITY-ST-ZIP	ad in Section 1	(19 07/3)(i) Florida Statutas 45 d	ther certify that the	tormetion		
Indicated	on this report is true and accurate and t bility company or the receiver or trustee	hat my signature shall have ti	ne same legal effec	t as it made u	nder oath: that I am a managing	member or manager	r of the		
SIGNATURE: 1-13-400/ 561-845-4363  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  Date  Design Design Phone 8									
	STATE OF THE PART OF THE PART OF		wien, on AUTHUNIZEU I	nernesen IAIIVE	Date	Daytime Phone #			