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

## DOCUMENT # L9900000858

1. Entity Name

FOUR J'S NAPLES REALTY, L.L.C.



## **FILED** Jan 09, 2003 8:00 am Secretary of State 01-09-2003 90199 019 \*\*\*\*50.00

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Suite, Apt. #, etc.  City & State  Country  Country  Country  Country  S. Certificator of Status Desired   \$5.00 Audit   \$5.00 A	
City & State  Country  Country  Country  Country  Country  S. Contilicate of Status Desired   \$5.00 Adding Registered Agent  Name  BEISER, DELORES J BEACH HOUSE 20 SEAGATE DRIVE APT 1002 NAPLES FL 34103  City  FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  The obligations of registered agent, or both, in the State of Florida. I am familiar with, a the obligations of registered agent, or both, in the State of Florida. I am familiar with, a the obligations of registered agent and title if expirable.  PRILE NOW!!! FE IS \$5.00  Make Check Payable to Florida Department of State Due By May 1, 2003  P. MANAGING MEMBERS/MANAGERS  III.E  MGRM  JEFFREY G. BEISER AS TRUSTEE  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-Z	
Country Zip Country S. Certificate of Status Desired S5.00 Addlife Replicable Street Agent FL Name and Address of New Registered Agent Name  BEISER, DELORES J BEACH HOUSE 20 SEAGATE DRIVE APT 1002 NAPLES FL 34103  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, a the obligations of registered agent.  SIGNATURE    Title	
Signalus, typed or printed raise of registered agent of the bolightions of registered agent and state agent agen	olied For Applicable
BEISER, DELORES J BEACH HOUSE 20 SEAGATE DRIVE APT 1002 NAPLES FL 34103  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, a it the obligations of registered agent and use if applicable. (NOTE Registered Agent signature required when reinstalling)  PILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003  9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES ITILE JEFFREY G. BEISER AS TRUSTEE 272 LALLEY BLVD FAIRFIELD CT 06430  TITLE NAME STREET ADDRESS CITY-ST-2IP  Delete NAME NAME STREET ADDRESS CITY-ST-2IP  DELET STREET ADDRESS CITY-ST-2IP  DELET STREET ADDRESS CITY-ST-2IP  DELET STREET ADDRESS CITY-ST-2IP  DELET STREET ADDRESS CITY-ST-2IP  D	tional
BEISER, DELORES J BEACH HOUSE 20 SEAGATE DRIVE APT 1002 NAPLES FL 34103  The above maned 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, as the obligations of registered agent.  Signature    Signature   Signature, typsed or printed name of registered agent and tole if applicable. (NOTE Registered Agent signature required when reinstating)   Signature, typsed or printed name of registered agent and tole if applicable. (NOTE Registered Agent signature required when reinstating)   Signature, typsed or printed name of registered agent and tole if applicable. (NOTE Registered Agent signature required when reinstating)   Signature, typsed or printed name of registered agent and tole if applicable. (NOTE Registered Agent signature required when reinstating)   Signature, typsed or printed name of registered agent and tole if applicable. (NOTE Registered Agent signature required when reinstating)   Signature, typsed or printed name of registered agent and tole if applicable. (NOTE Registered Agent signature required when reinstating)   DATE	
BEACH HOUSE 20 SAGATE DRIVE APT 1002 NAPLES FL 34103  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, as the obligations of registered agent.  SIGNATURE    City   FL   Zip Code	
NAPLES FL 34103  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, an interest of the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and utle if applicable. (NOTE Registered Agent signature required when reinstating)  PILE NOW!!! FEE IS \$50.00  Make Check Payable to Florida Department of State  Due By May 1, 2003  9. MANNAGING MEMBERS/MANNAGERS  TITLE  MGRM  JEFFREY G. BEISER AS TRUSTEE  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	
R. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, as the obligations of registered agent.  SIGNATURE  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating)  PILE NOW!!! FEE IS \$50.00  Make Check Payable to Florida Department of State  Due By May 1, 2003  9. MANAGING MEMBERS/MANAGERS  ITILE  MAME  MARE  JEFREY G. BEISER AS TRUSTEE  272 LALLEY BLVD  FAIRFIELD CT 06430  TITLE  NAME  TITLE  NAME  TITLE  NAME  TITLE  NAME  Delete  TITLE  NAME  TITLE  NAME  TITLE  NAME  City-ST-2P  TITLE  NAME  TITLE  NAME  City-ST-2P  TITLE  NAME  TITLE  NAME  City-ST-2P  TITLE  NAME  City-ST-2P  TITLE  NAME  TITLE  NAME  City-ST-2P  TITLE  NAME  Change  Cha	
THE OBJECTIONS of registered agent.  SIGNATURE Signature, typed or printed name of registered agent and tole if applicable. (NOTE: Registered Agent signature required when reinstating)  PILE NOW!!! FEE IS \$50.00 Make Check Payable to Floridad Department of State Due By May 1, 2003  9. MANAGING MEMBERS/MANAGERS  TITLE NAME STREET ADDRESS CITY-ST-2P FAIRFIELD CT 08430  TITLE NAME STREET ADDRESS CITY-ST-2P  TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME	
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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:

1/6/03