

2000 UNIFORM BUSINESS REPORT (UBR) **L99000002145**

DOCUMENT # L99000002145
 1. Entity Name **Florida Jazz #2, L.L.C.**

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

01 JUN 18 AM 10:00

Principal Place of Business Mailing Address

900004438119--3
 -06/22/01--01100--008
 *****150.00 *****150.00
 -- DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **3100 Canal Drive**
 Suite, Apt. #, etc.

3. Mailing Address **3100 Canal Drive**
 Suite, Apt. #, etc.

City & State **Lake Wales, FL**

City & State **Lake Wales, FL**

4. FEI Number **None** Applied For Not Applicable

Zip **33853**

Country **USA**

Zip **33853**

Country **USA**

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
David L. Hatton
2250 SW 3rd Avenue, 5th Floor
Miami, FL 33129

7. Name and Address of New Registered Agent
 Name **No Change**
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 *David L. Hatton* **DAVID L. HATTON** **4/27/01**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
900004438119--3
 -06/22/01--01100--009
 *****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Richard Eten <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Richard Eten, II <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager David Hatton <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

Penalty \$100.00
 2000 50.00
 2001 50.00

 200.00
 UP

REINSTATEMENT **2000-01**

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: *David L. Hatton* **DAVID L. HATTON** **4/27/01** **305-858-0220**
Signature and Typed or Printed Name of Signing Managing Member or Manager Date Daytime Phone #

CR2E083 (1/199)