

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90138 017 \*\*\*\*50.00

DOCUMENT # L99000002145

1. Entity Name  
**FLORIDA JAZZ #2, L.L.C.**

Principal Place of Business      Mailing Address  
**3100 CANAL DRIVE**      **3100 CANAL DRIVE**  
**LAKE WALES FL 33853**      **LAKE WALES FL 33853**

2. Principal Place of Business      3. Mailing Address  
**28780 US Highway 19N**      **SAME**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**CLEARWATER, FL**  
 Zip      Country      Zip      Country  
**33761**      **USA**

4. FEI Number      **NOT APPLICABLE**      Applied For  
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**HATTON, DAVID L**  
**2250 S.W. 3RD AVENUE, 5TH FLOOR**  
**MIAMI FL 33129**

**7. Name and Address of New Registered Agent**

Name      **N/A**  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS/CHANGES**

TITLE NAME	<b>MGR HATTON, DAVID L</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>2250 S.W. 3RD AVENUE, 5TH FLOOR</b>	
CITY-ST-ZIP	<b>MIAMI FL 33129</b>	
TITLE NAME	<b>MGR ETEN, RICHARD</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>3100 CANAL DRIVE</b>	
CITY-ST-ZIP	<b>LAKE WALES FL 33853</b>	
TITLE NAME	<b>MGR ETEN, RICHARD II</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>3100 CANAL DRIVE</b>	
CITY-ST-ZIP	<b>LAKE WALES FL 33853</b>	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
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)(f), 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: Richard A Eten II      DATE: April 29/02      (863) 2876899

CR2E083 (9/01)