

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002290

1. Entity Name

J.T. PARTNERS OF THE FLORIDA KEYS, L.L.C.

Principal Place of Business

743 LARGO ROAD
KEY LARGO FL 33037

Mailing Address

743 LARGO ROAD
KEY LARGO FL 33037-3014

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

05-0916652

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MIKLAS, JOE

88765 OVERSEAS HIGHWAY
TAVERNIER FL 33070

Name

JOHN LAROCO

Street Address (P.O. Box Number is Not Acceptable)

743 LARGO ROAD

City

KEY LARGO

FL

Zip Code

33037

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

John Laroco
Signature, typed or printed name of registered agent and title if applicable.

JOHN LAROCO
(NOTE: Registered Agent signature required when reinstating)

3-24-00
DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
NAME MGRM
STREET ADDRESS LAROCO, JOHN A
CITY-ST-ZIP 424 SUNSHINE BLVD.
TAVERNIER FL 33070

☐ Change ☐ Addition
NAME 200003207592--9
STREET ADDRESS -04/13/00--01085--016
CITY-ST-ZIP *****55.00 *****55.00

TITLE ☐ Delete
NAME MGRM
STREET ADDRESS GILCHRIST, TODD
CITY-ST-ZIP 4240 S. LANDAR DRIVE
LAKE WORTH FL 33463

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
NAME
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)(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:

John Laroco
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

3-24-00
Date

(305) 453-0368
Daytime Phone #

CR2E083 (9/99)