

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0014089 AF

DOCUMENT # L99000002550

1. Entity Name
JM VILLAGE COMMONS, LLC

01 APR 26 PM 3:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
931 VILLAGE BLVD.
SUITE 907
WEST PALM BEACH FL 33409

Mailing Address
6799 AUGUSTA CT.
WEST PALM BEACH FL 33412



2. Principal Place of Business

3. Mailing Address

16 Harbor Green Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Red Bank NJ

4. FEI Number 59-3579309

Applied For
Not Applicable

Zip

Country

07701

Country

USA

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

A.G.C. CO.
200 S. ORANGE AVENUE, SUITE 2300
ORLANDO FL 32801

Name

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

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM
LEAHEY BENNETT, MARY ELLEN
STREET ADDRESS 6799 AUGUSTA CT.
CITY-ST-ZIP WEST PALM BEACH FL 33412 ☐ Delete

TITLE NAME same
STREET ADDRESS 16 Harbor Green Circle
CITY-ST-ZIP Red Bank, NJ, 07701 ☒ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP 300004190953-9
-05/09/01-01076-024
*****50.00 *****50.00 ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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: *MGRM* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/23/01 732 741-0740

CR2E083 (11/00)