

# 2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

01 APR 26 PM 3:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

014972 AF

DOCUMENT # L99000002551

1. Entity Name

JM NORTH PALM, LLC

Principal Place of Business

11209 HWY. #1  
N. PALM BEACH FL 33409

Mailing Address

6799 AUGUSTA CT.  
WEST PALM BEACH FL 33412

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

Zip

Country

16 Harbor green Circle

Red Bank NJ  
07701 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3579307

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS / CHANGES

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

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 600004190938  
CITY-ST-ZIP -05/09/01--01076--025  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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

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

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

TITLE NAME ☐ Change ☐ 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)(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

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

Date

Daytime Phone #

732 241-0740  
5/1/01

CR2E083 (11/00)