

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L99000006031

Entity Name: J.R.O.T.G.#1, LLC

FILED  
Jan 27, 2003  
Secretary of State

## Current Principal Place of Business:

6260 OSPREY DRIVE  
SARASOTA, FL 34240

## New Principal Place of Business:

## Current Mailing Address:

1834 MAIN STREET  
SARASOTA, FL 342365912

## New Mailing Address:

FEI Number: 65-0954160

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CHANDLER, JAMES R III  
1834 MAIN STREET  
SARASOTA, FL 34236 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete  
Name: CHANDLER, JAMES R III  
Address: 3851 TANGIER TERRACE  
City-St-Zip: SARASOTA, FL 34239

Title: MGR ( ) Delete  
Name: FORLENZA, MARC  
Address: 128 MAIN STREET  
City-St-Zip: OSPREY, FL 34229

Title: MGR ( ) Delete  
Name: GONZALEZ, RAFAEL A  
Address: 3185 NOVUS COURT  
City-St-Zip: SARASOTA, FL 34237

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JAMES R. CHANDLER, III

MGR

01/27/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date