

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 30, 2003 8:00 am**  
**Secretary of State**

01-30-2003 90041 031 \*\*\*\*50.00

**DOCUMENT # L99000006993**

1. Entity Name

**JHS PROPERTY DEVELOPMENT, L.L.C.**



Principal Place of Business

**4418 CALABAY DRIVE  
ORLANDO FL 32837**

Mailing Address

**4418 CALABAY DRIVE  
ORLANDO FL 32837**

2. Principal Place of Business

**215 Celebration Place**

Suite, Apt. #, etc.

**Suite 500**

3. Mailing Address

**215 Celebration Place**

Suite, Apt. #, etc.

**Suite 500**

City & State

**Celebration, FL**

City & State

**Celebration, FL**

Zip

Country

**34747**

**USA**

Zip

Country

**34747**

**USA**

6. Name and Address of Current Registered Agent

**MARRON, LORAIN G  
2532 CLARINET DRIVE  
ORLANDO FL 32837**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
HEATHCLIFF SLOCUMB  
4418 CALABAY DR.  
ORLANDO FL 32837**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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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 REQUIRED**

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

Date

Daytime Phone #

**1/20/03 321-3034330**

CR2E083 (10/02)