

2001 UNIFORM BUSINESS REPORT (UBR)

0015761 AF

DOCUMENT # L99000007105

1. Entity Name

J.D.P. INVESTMENTS, LLC

FILED

01 FEB 14 PM 4:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

50 SOUTH U.S. HIGHWAY ONE, SUITE 204
JUPITER FL 33477

Mailing Address

50 SOUTH U.S. HIGHWAY ONE, SUITE 204
JUPITER FL 33477

2. Principal Place of Business

Suite, Apt. #, etc.
Suite 206

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.
Suite 206

City & State

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00: Additional Fee Required

6. Name and Address of Current Registered Agent

ADAMS, PAUL M
710 CLAREMORE DRIVE
WEST PALM BEACH FL 33401

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

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ADAMS, PAUL M
710 CLAREMORE DRIVE
WEST PALM BEACH FL 33401

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition
000003707300-01
-02/16/01-0117-021
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
COLLINS, JOHN
110 BOBWHITE ROAD
ROYAL PALM BEACH FL 33411

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition
MGRM
Mezzapelle, David
50 South U.S. Hwy one, suite 206
Jupiter, FL 33477

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MEZZAPELLE, DAVID
50 SOUTH U.S. HIGHWAY ONE, SUITE 204
JUPITER FL 33477

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition
MGRM
Mezzapelle, David
50 South U.S. Hwy one, suite 206
Jupiter, FL 33477

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:

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

Date

Daytime Phone #

CR2E083 (11/00)