

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90001 011 ****50.00

DOCUMENT # L99000007105



1. Entity Name
J.D.P. INVESTMENTS, LLC

Principal Place of Business *50* Mailing Address *50*
50 SOUTH U.S. HIGHWAY ONE. SUITE 206
SUITE 206
JUPITER FL 33477

2. Principal Place of Business *50 South U.S. Hwy one* 3. Mailing Address *SAME*
Suite, Apt. #, etc. *SAME*
Suite 206 Suite, Apt. #, etc. *SAME*
City & State *Jupiter FL* City & State *SAME*
Zip *33477* Country *USA* Zip *SAME* Country *SAME*



CHECK HERE IF MAKING CHANGES

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

7. Name and Address of New Registered Agent

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

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]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE *4/4/03*

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	ADAMS, PAUL M	
STREET ADDRESS	710 CLAREMORE DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	COLLINS, JOHN	
STREET ADDRESS	110 BOBWHITE ROAD	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
TITLE	MGRM	<input checked="" type="checkbox"/> Delete
NAME	MEZZAPELLE, DAVID	
STREET ADDRESS	50 SOUTH US HIGHWAY ONE STE 206	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLINS, JOHN	
STREET ADDRESS	18560 MISTY LAKE DR	
CITY-ST-ZIP	JUPITER, FL 33458	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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]* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DATE *4/4/03* Daytime Phone # *813 832 4339*

CR2E083 (10/02)