

# 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** **50 SOUTH U.S. HIGHWAY ONE. SUITE 206**  
**SUITE 206** **SUITE 206**  
**JUPITER FL 33477** **JUPITER FL 33477**



CHECK HERE IF MAKING CHANGES

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

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          | <b>MGRM</b>                            | <input type="checkbox"/> Delete            |
| NAME           | <b>ADAMS, PAUL M</b>                   |  |
| STREET ADDRESS | <b>710 CLAREMORE DRIVE</b>             |  |
| CITY-ST-ZIP    | <b>WEST PALM BEACH FL 33401</b>        |  |
| TITLE          | <b>MGRM</b>                            | <input type="checkbox"/> Delete            |
| NAME           | <b>COLLINS, JOHN</b>                   |  |
| STREET ADDRESS | <b>110 BOBWHITE ROAD</b>               |  |
| CITY-ST-ZIP    | <b>ROYAL PALM BEACH FL 33411</b>       |  |
| TITLE          | <b>MGRM</b>                            | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>MEZZAPELLE, DAVID</b>               |  |
| STREET ADDRESS | <b>50 SOUTH US HIGHWAY ONE STE 206</b> |  |
| CITY-ST-ZIP    | <b>JUPITER FL 33477</b>                |  |
| 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          | <b>MGRM</b>                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>COLLINS, JOHN</b>       |  |
| STREET ADDRESS | <b>18560 MISTY LAKE DR</b> |  |
| CITY-ST-ZIP    | <b>JUPITER, FL 33458</b>   |  |
| 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)