2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

1. Entity Nam	MENT # L990000 (s group, llc)7667			رخر ان 03	FILED SEP 23 AN		
SUITE 3500		Mailing Address 100 N. TAMPA ST. SUITE 3500 TAMPA FL 33601		SECRETARY OF STATE TALLAHASSEE, FLORIDA				
2. Principal Place of Business		3. Mailing Address] I TO BRIDGE BUSH STREET COMES DREAM ROUND ROUND ROUND ROUND REAL ROUND REAL ROUND REAL ROUND ROUND ROUND ROUND			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES				
City & State		City & State		4. FEI Number	59-3612617		oplied For	
Zip Country		Zip	Country	 1	5. Certificate of	Status Desired [\$5.00 Add	ditional
	6. Name and Address of Current R	egistered Agent			7. Name and A	ddress of New Regis	tered Agent	
ADA	MS, DAVID W		Nam	10 				
	n. Tampa St. Te 3500		Stree	et Address (f	P.O. Box Number i	is Not Acceptable)		
	PA FL 33601							
			City				FL Zip Code	
8. The above the obligat	named entity submits this statement for toons of registered agent. ! Signature, typed or printed name of registered agent and		registered offic		<u> </u>	in the State of Florida.	DATE	and accept
FILE NOW!!! FE Make Check Payable to Flori Due By Septemb				Departmer	nt of State			
9.	MANAGING MEMBER		10.	100.0		ADDITIONS/CHA		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TAMPA FL 33602 CITY MGR Delete TITL MCMILLAN, ROBIN J NAM			1123-000				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				SS 100	Millan. D	, st., Suit	€ 3500	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Deleta	TITLE NAME STREET ADDRE CITY-ST-ZIP	558	60(09/23/0	002327 030103600	□ Change 7106 01 **50.00	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRE	ss			Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	ss		,	☐ Change	Addition
indicated		nat my signature shall have to empowered to execute this in MUNITEQUE.	the same legal of the port as required as the same legal of the sa	effect as if med by Chapte Adams Age	nade under oath; the following state of the f	hat I am a managing r	her certify that the in member or manage	nformation r of the
	SIGNATURE AND TYPED OR PRINTED NAME OF	SIGNING MANAGING MEMBER, MAN	IAGER, OR AUTHOR	IZED REPRESEN	NTATIVE	Date	Daytime Phone #	



100 NORTH TAMPA STREET SUITE 3500 TAMPA, FLORIDA 33602 P.O. BOX 3310 (33601-3310) TELEPHONE: 813.225.3020 FACSIMILE: 813.225.3039 www.broadandcassel.com

DAVID W. ADAMS
DIRECT LINE: (813) 225-3087
DIRECT FACSIMILE: (813) 204-2126
EMAIL: dadams@broadandcassel.com

September 22, 2003

VIA FEDERAL EXPRESS

Division of Corporations 409 East Gaines Street Tallahassee, FL 32399

Re:

JRJ Sales Group, LLC

Gentlemen:

Please find enclosed with this letter the 2003 Uniform Business Report for JRJ Sales Group, LLC, due September 24, 2003, and our check for the \$50.00 filing fee.

Very truly yours,

BROAD AND CASSEL

David W Adams

DWA:sab Enclosure

cc: Ms. Robin J. McMillan