2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #   L99000008094

1. Entity Name

JL SENECA LAKES, L.L.C.

APPROVED
AND
FILED

00 APR -6 AM 10: 34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
2121 PONCE DE LEON BLVD., PH2 CORAL GABLES FL 33134	2121 PONCE DE LEON BLVD., PH2 CORAL GABLES FL 33134-5219

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. FEI Number   65-0969249

☐ 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
BERMAN WOLFE RENNERT VOGEL & MANDLER, P.A. 100 SOUTHEAST SECOND STREET, SUITE 3500 MIAMI FL 33131-2130	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 **MGR** NAME **LOPEZ, JORGE** STREET ADDRESS **2121 PONCE DE LEON BLVD., PH2** CITY-ST-ZIP **CORAL GABLES FL 33134**	☐ 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 100003217851--8 -04/21/00--01008--011 *****55.00 *****55.00	☐ 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
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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 REQUIRED   2-15-00   305-443-8288

Jorge Lopez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER   Date   Daytime Phone #