

# 2001 UNIFORM BUSINESS REPORT (UBR)

0028710 AF

**DOCUMENT # M00000001233**

1. Entity Name  
**JCJ-VILLAGE, L.L.C.**

FILED

01 APR -3 PM 3:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business      Mailing Address  
**100 CENTERVIEW DRIVE, SUITE 200**      **100 CENTERVIEW DRIVE, SUITE 200**  
**BIRMINGHAM AL 35216**      **BIRMINGHAM AL 35216**



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

DO NOT WRITE IN THIS SPACE

4. FEI Number **63-1252692**  
5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

Applied For  
Not Applicable

6. Name and Address of Current Registered Agent  
**PANICO, JAMES P ESQ.**  
**111 S. MAITLAND AVE.**  
**MAITLAND FL 32751**

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]*      DATE *[Date]*  
Signature, typed or printed name of registered agent and title if applicable.      NOTE: Registered Agent signature required when reinstating.

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

**800003992938--7**  
**-04/11/01--01112--015**  
**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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]*      Date **3/30/01**      Daytime Phone # **205 823 9101**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (11/00)