

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92174 014 ****55.00

DOCUMENT # M00000001853

1. Entity Name

100 EAST PINE STREET, LLC



Principal Place of Business

Mailing Address

100 EAST PINE STREET
~~SUITE 608~~
ORLANDO FL 32801

100 EAST PINE STREET
~~SUITE 608~~
ORLANDO FL 32801

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

SUITE 600

Suite, Apt. #, etc.

SUITE 600

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3659553

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

KUHN, CAMERON B
100 EAST PINE STREET
~~SUITE 608~~
ORLANDO FL 32801

Name

Street Address (P.O. Box Number is Not Acceptable)

100 EAST PINE ST., SUITE 600

City ORLANDO

FL

Zip Code 32801

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/03

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 ☐ Delete
NAME KUHN-JDI HOLDINGS, LLC
STREET ADDRESS 100 EAST PINE ST., SUITE 608
CITY-ST-ZIP ORLANDO FL 32801

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 100 EAST PINE ST., SUITE 600
CITY-ST-ZIP ORLANDO, FL 32801

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/30/03 (407) 540-9966
Date Daytime Phone #

CR2E083 (10/02)