

** Amended **
**2003 LIMITED LIABILITY COMPANY
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # M01000001451

1. Entity Name

JFB HOTEL FUND I, LLC



FILED

03 OCT 14 AM 8:00

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business Mailing Address
 240 N. WASHINGTON BLVD., 7TH FLOOR 240 N. WASHINGTON BLVD., 7TH FLOOR
 SARASOTA FL 34236 SARASOTA FL 34236

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-1106026

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BRANCH, DANIEL
 240 N. WASHINGTON BLVD., 7TH FLOOR
 SARASOTA FL 34236

Name *Erica LaPerriere*
 Street Address (P.O. Box Number is Not Acceptable)
c/o Horizon Medical Group, Inc.
240 N. Washington Blvd, 7th Floor
 City *Sarasota* FL Zip Code *34236*

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

Erica LaPerriere, Compliance Officer 9-9-03

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 Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP
**MGRM
 BRANCH, DANIEL
 240 N. WASHINGTON BLVD., 7TH FLOOR
 SARASOTA FL 34236**

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

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP
**400023795804
 10/14/03--01064--014 **100.00**

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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TITLE NAME ☐ Change ☐ Addition
 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:

Erica LaPerriere **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

9-9-03

Date

941-925-3490

Daytime Phone #

CR2E083 (4/03)

0005942