

## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **M97000000773**

1. Entity Name

**D.J. FLORIDA PROPERTY, LLC**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 SEP 27 PM 4:09



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>1005 MOEGLING HEIGHTS DRIVE ASHLAND KY 41102</b>		Mailing Address <b>P.O. BOX 1396 ASHLAND KY 41105</b>	
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 <b>61-1316013</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Name <b>MURTY, TIMOTHY</b>		Name	
Street Address (P.O. Box Number is Not Acceptable) <b>1633 PERIWINKLE WAY, SUITE A</b>		Street Address (P.O. Box Number is Not Acceptable)	
City <b>SANIBEL FL 33957</b>		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 \_\_\_\_\_ 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**  
**Due By September 26, 2001**

**600004618406--9**  
**-10/01/01--01073--015**  
**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MBR CLARK, DIANA J 1005 MOEGLING HEIGHTS DRIVE ASHLAND KY 41102</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MBR CLARK, JOHN W 1005 MOEGLING HEIGHTS DRIVE ASHLAND KY 41102</b> <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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]* **SIGNATURE REQUIRED**

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

9/24/01

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CR2E083 (5/01)

STAPLE CHECK HERE