

# 2001 UNIFORM BUSINESS REPORT (UBR)

0032478 SP

**DOCUMENT # M98000000356**

1. Entity Name  
**WJJP, L.L.C.**

FILED

01 MAY 21 AM 8:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**3829 PARTRIDGE PLACE SOUTH - QUAIL RIDGE  
BOYNTON BEACH FL 33436**

Mailing Address  
**3829 PARTRIDGE PLACE SOUTH - QUAIL RIDGE  
BOYNTON BEACH FL 33436**

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

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **52-2060917** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent  
**PLANGERE, JULES L JR.  
3829 PARTRIDGE PLACE SOUTH - QUAIL RIDGE  
BOYNTON BEACH FL 33436**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM GERE, JULES L JR. 3829 PARTRIDGE PLACE SOUTH - QUAIL RIDGE BOYNTON BEACH FL 33436</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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**600004420566-8**  
**06/14/01-01104-007**  
**\*\*\*\*\*50.00**

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: Jules L Plangere **5/1/01** **732-751-1119**

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

CR2E083 (11/00)