

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

FILED
Feb 18, 2003 8:00 am
Secretary of State

02-18-2003 90325 036 ****50.00

DOCUMENT # M98000000374

1. Entity Name

JAY PEAK LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5020 S. Cleveland Avenue

3. Mailing Address
c/o Jaspan Schlesinger Hoffman LLP

Suite, Apt. #, etc.

Suite, Apt. #, etc.
300 Garden City Plaza

City & State
Ft. Myers, Florida

City & State
Garden City, New York

4. FEI Number
22-3616847

Applied For
Not Applicable

Zip
33907

Country
U.S.A.

Zip
11530

Country

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

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)
1201 Hayes Street

City Tallahassee

FL Zip Code 32301-2525

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.

DATE

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Steven R. Schlesinger c/o Jaspan Schlesinger Hoffman LLP 300 Garden City Plaza Garden City, New York 11530	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Arthur W. Jaspan c/o Jaspan Schlesinger Hoffman LLP 300 Garden City Plaza Garden City, New York 11530	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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:

By:

February 11, 2003 (516) 746-8000

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

Date

Daytime Phone #

Steven R. Schlesinger, Manager

CR2E083B (12/02)