

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

FILED
Jun 10, 2002 8:00 am
Secretary of State

06-10-2002 90120 008 ****50.00

DOCUMENT # M98000001390

1. Entity Name

SJGC, LLC

DO NOT WRITE IN THIS SPACE

968906

2. Principal Place of Business

5601 NW St. James Road

Suite, Apt. #, etc.

3. Mailing Address

575 E. Chocolate Ave.

Suite, Apt. #, etc.

Attn: William Leahy

City & State

Port St. Lucie FL

City & State

Hershey PA

4. FEI Number

54-1927827

Applied For

Not Applicable

Zip
34983

Country
USA

Zip
17033

Country
USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

R. Daniel Mays

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

14610 SW 64th Court

City

Miami

FL

Zip Code
33158

**DO NOT WRITE
IN THIS SPACE**

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

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

DATE

FEE IS \$50.00

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

9. MANAGING MEMBERS/MANAGERS

Member
Gotham Golf Partners, L.P.
575 E. Chocolate Avenue
Hershey, PA 17033

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Chairman/CEO
R. Daniel Mays
14610 SW 64th Court
Miami, FL 33158

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

President/COO
John Caporaletti
575 E. Chocolate Avenue
Hershey, PA 17033

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Secretary
William F. Leahy
16850 Sudley Road
Centreville, VA 20120

TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

5/31/02 703-830-3593

Date

Daytime Phone #

William F. Leahy, Secretary of Member/Secy. of Entity

CR2E083B (12/01)