

2001 UNIFORM BUSINESS REPORT (UBR)

FILED LLC
01 APR 10 AM 10:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M98000001423

1. Entity Name

JGS Marathon, Ltd., L.C.

Principal Place of Business

Mailing Address

107 Sunset Drive
Marathon, FL 33050

2. Principal Place of Business

107 Sunset Drive

3. Mailing Address

same

Suite, Apt. #, etc.
n/a

Suite, Apt. #, etc.

City & State
Marathon, FL

City & State

4. FEI Number

52-2127044

Applied For

Not Applicable

Zip Country
33050 USA

Zip Country

5. Certificate of Status Desired

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Smale, John G.
107 Sunset Drive
Marathon, FL 33050

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

900004013949-6
-04/17/01--01096--009
*****50.00 *****50.00

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME Delete
Managing Member
John G. Smale
STREET ADDRESS
107 Sunset Drive
CITY-ST-ZIP
Marathon, FL 33050

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

TITLE NAME Delete
STREET ADDRESS
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TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

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:

John G. Smale

4/2/01

305-289-0473

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

Date

Daytime Phone #

CR2E083 (11/00)