

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **M98000001423**

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

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 3. Mailing Address
107 Sunset Drive same

Suite, Apt. #, etc. Suite, Apt. #, etc.
n/a

City & State City & State
Marathon, FL

Zip Country Zip Country
33050 USA

4. FEI Number Applied For
52-2127044 Not Applicable

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

6. Name and Address of Current Registered Agent
**Smale, John G.
107 Sunset Drive
Marathon, FL 33050**

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

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

9. MANAGING MEMBERS / MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member <input type="checkbox"/> Delete John G. Smale 107 Sunset Drive Marathon, FL 33050 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

10. ADDITIONS / CHANGES	
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"/> Change <input type="checkbox"/> Addition
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"/> 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: **John G. Smale** Date: **4/2/01** Daytime Phone #: **305-289-0473**

CR2E083 (11/00)