

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

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90023 017 ****50.00

DOCUMENT # **M980000001423**
1. Entity Name
JGS Marathon, Ltd., L.C.

DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 2. Principal Place of Business 107 Sunset Drive Suite, Apt. #, etc. | 3. Mailing Address 107 Sunset Drive Suite, Apt. #, etc. |
|---|---|

DO NOT WRITE IN THIS SPACE

| | | | |
|---|------------------------------|--------------------------------|-------------------------------|
| City & State Marathon, FL | City & State Marathon, FL | 4. FEI Number 52-2127044 | Applied For Not Applicable |
| Zip 33050 | Country USA | Zip 33050 | Country USA |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$5.00 Additional Fee Required | |

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Smale, John G.

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

3

City
Marathon

FL

Zip Code
33050

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.

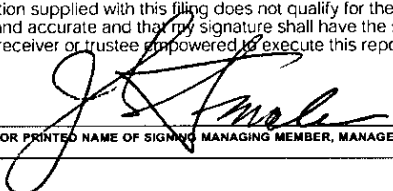
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

| 9. MANAGING MEMBERS/MANAGERS | | | |
|--|--|--|-----------------------------------|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | Managing Member John G. Smale 107 Sunset Drive Marathon, FL 33050 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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CR2E063B (12/01)

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:  (305) 289-0473
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #