

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 14, 2003 8:00 am**  
**Secretary of State**

01-14-2003 90038 001 \*\*\*\*50.00

**DOCUMENT # M98000001554**

1. Entity Name

**JAGI JUNO, LLC**



Principal Place of Business

**2300 CORPORATE BOULEVARD, NW, SUITE 232  
BOCA RATON FL 33431**

Mailing Address

**8534 E. KEMPER ROAD  
CINCINNATI OH 45249**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **31-1659537**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

Name

**Eric Glazer, Esquire**

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

**Executive Court II, Suite 232**

**2300 Corporate Blvd NW**

City

**Boca Raton,**

**FL**

Zip Code

**33431**

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]*

**Eric Glazer**

**1/7/03**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
JANUS HOTELS AND RESORTS, INC.  
2300 CORPORATE BOULEVARD, NW, SUITE 232  
BOCA RATON FL 33431**

☐ Delete

☐ Change

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STREET ADDRESS  
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CR2E083 (10/02)

01/12/03

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:

*[Signature]* **SIGNATURE REQUIRED**

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

**1-7-03**

Date

**513-489-1955**

Daytime Phone #