## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCU  1. Entity Nam  MJS SREC	ne	# M99000	000074							
<u></u>						<u> </u>	3 APR -8 AMII	: 31		
Principal Plac		s	Mailing Address	•			BARASSEEFFE	Len		
			HOLLYWOOD FL 33021	7			EAHASSEEFFL	ORIBA		
						) 				
· · · · · · · · · · · · · · · · · · ·			3. Mailing Address	*						
4651 Sheridan Street 4 Suite, Apt. #, etc.			4651 Sheridan Str Suite, Apt. #, etc.				XX CHECK HERE IF MA	AKING CHANGE	S	
Suite 200 S City & State			Suite 200	uite 200 City & State			<del>_</del>		Applied For	٦
* ' '				lollywood, Florida			ber <b>65-0899552</b>	<del> </del> +	Not Applicable	
Zip		Country	Zíp	Count	-	5. Certifica	te of Status Desired XX	\$5.00 A Fee Requi		]
33021	6. Name	USA and Address of Curre	33021 nt Registered Agent	US	SA	7. Name ar	d Address of New Regist	<del></del>		Ⅎ
et0.	T7CD TUC/	odore r esq.			Name	<del>-</del>				1
	SHERIDAN			Street Address			per is Not Acceptable)		<del></del>	7
SUITE 200 HOLLYWOOD FL 33021					<u></u> -			<del></del>		1
HOL	LIWOOD F	L 33021			City	·	<del>-</del>	FL Zip Co	de	7
8. The above	named entity	y submits this statement	for the purpose of changing i	its registere	ed office or reg	gistered agent, or b	oth, in the State of Florida.		n, and accept	-
the obligat	ions of regist	ered agent.								
SIGNATURE .	Signature, typed	or printed name of registered age	nt and title if applicable. (NO	OTE: Registered	Agent signature re	equired when reinstating)		DATE	<del></del>	
			FILE 1	VOW!!! F	EE IS \$50.	.00	nontexp(	 377a		].
			Make Check Paya D	ble to Fic ue By Ma	orida Depar ay 1, 2003	tment of State"  UH/U	0 <b>001547</b> 9 %/03010/500	i9 ** \$55.0°	0	
9		MANAGING MEME	BERS/MANAGERS	10.			ADDITIONS/CHA	NGES		_ [
TITLE NAME	MGRM		☐ Delete	TITLE NAME		RM	1	XX] Change	Addition	0/05
STREET ADDRESS		)W, MICHAEL J .YWOOD WAY		STRE		erdlow, Micha 51 Sheridan :	Sheridan Street, Suite 200			CR2E083 (10/02)
CITY-ST-ZIP	НОПТАМО	OOD FL 33021	,-*			11ywood, Flo	rida 33021		T Admin	18
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STREET ADDRESS					T ADDRESS	$\mathcal{A}$	11 JU8T			
CITY-ST-ZIP	<u></u>		Delete	TITLE	ST-ZIP			☐ Change	[] Addition	-
NAME			□ Delete	NAME	:			Ontarigo	LJ Radition	
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS ST-ZIP					
11. I hereby d	ertify that the	information supplied wi	ith this filing does not qualify f	or the exer	otion stated	in Section 119.07(3	)(i), Florida Statutes. I furth	er certify that the	information	}
indicated limited lial	on this repor bility compan M.	is true and accurate an y or the receiver or trust JS SREG, LLC	nd that my signature shall have see empowered to elecute this	e tne same s report as	required by C	s if made under oat Chapter 608, Florida	n; that I am a managing h Statutes,	nember or manag	jer of thê	
		ereral		Ker	7)					ŀ
SIGNAT			OF SIGNING MANAGING MEMBER, MOW. SO IE MANAGING M	ANAGER, OR A	AUTHORIZED REP		20, 2003 (9	54) 981-100 Daytime Phone #	<del></del>	
			ATTACABLE TO THE PROPERTY OF THE							