

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **M99000000144**

1. Entity Name
JULIP, L.L.C.

FILED

00 JAN 20 PM 4: 2:1

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**ROUTE 1, BOX 2770
HAVANA FL 32333**

Mailing Address
**ROUTE 1, BOX 2770
HAVANA FL 32333-9726**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
606 Robin Lane
Suite, Apt. #, etc.

3. Mailing Address
606 Robin Lane
Suite, Apt. #, etc.

City & State
Havana Florida

City & State
Havana Florida

4. FEI Number
59-3553046

Applied For
Not Applicable

Zip
32333

Country
Gadsden

Zip
32333

Country
Gadsden

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

**GOLDBERG, STUART E
2120 KILLARNEY WAY
TALLAHASSEE FL 32308**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State**

9. MANAGING MEMBERS / MEMBERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DE LA VALDENE, GUY ROUTE 1, BOX 2770 HAVANA FL 32333	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	000003112380--5 -01/27/00--01020--010 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	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: **SIGNATURE REQUIRED**
Guy de la Valdene
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date **1-18-2000** Daytime Phone # **850-539-8927**