

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Jun 19, 2002 8:00 am**  
**Secretary of State**

06-19-2002 90455 020 \*\*\*\*50.00

909181



DO NOT WRITE IN THIS SPACE

**DOCUMENT # M99000001491**

1. Entity Name

**LJH LEASING, LLC**

Principal Place of Business

**801 LAUREL OAK DRIVE  
NAPLES FL 34108**

Mailing Address

**801 LAUREL OAK DRIVE  
NAPLES FL 34108**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**06-1556052**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**HEDGES, JAMES R IV  
C/O LJH GLOBAL INVESTMENTS, L.L.C.  
801 LAUREL OAK DRIVE - FIFTH FLOOR  
NAPLES FL 34108**

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

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 Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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
	<b>MGR</b>			<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<b>HEDGES, JAMES R IV</b>									
	<b>801 LAUREL OAK DRIVE, 5TH FL.</b>									
	<b>NAPLES FL 34108</b>									
	<b>MGRM</b>			<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<b>LJH GLOBAL INVESTMENTS, L.L.C.</b>									
	<b>801 LAUREL OAK DRIVE, 5TH FL.</b>									
	<b>NAPLES FL 34108</b>									
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**941-593-5000**

CR2E083 (9/01)