Sep 05, 2003 8:00 am Secretary of State 09-05-2003 90066 034 \*\*\*\*50.00

## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR

## **DOCUMENT # Z00587**

1. Entity Name

JLB II, LIMITED COMPANY

			<del>,</del>							
Principal Place of Business		Mailing Address 1991 NE 163 STREET NORTH MIAMI BEACH FL 33162			90154167					
1991 në 163 street North Miami Beach Fl 33162					}					
2 Principal B	loca of Business	3. Mailing Address				1911), 1611, 1119, 1119, 1119, 1119, 1119, 1119, 1119, 1119, 1119, 1119, 1119, 1119, 1119, 1119, 1119, 1119, 1				
2. Principal Place of Business		3. Ivaling Address				T (1881) Baikil Baiki Baidi antai nehi nehi andil aseti andin aseti aten aseti -				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
City & State		City & State			4. FEI Nun	4. FEI Number 65-0339284 Applied For Not Applicable				
Zip	Country	Zip	Zip Country		5. Certificate of Status Desired					
	6. Name and Address of Current	t Registered Agent		<del></del>	7. Name a	nd Address of New Reg				
WASERSTEIN, RICHARD				Name						
913 1	NORMANDY DRIVE	•	Street Address		(P.O. Box Num	(P.O. Box Number is Not Acceptable)				
MIAN	II BEACH FL 33141		•							
			ì	City			FL	Zip Code	,	
8. The above the obligat	named entity submits this statement fi	or the purpose of changing i	ts registere	ed office or regist	ered agent, or t	ooth, in the State of Florid	da. I am fam	iliar with,	and accept	
SIGNATURE .					<del></del>		DATE		{	
P <sub>V</sub>	Signature, typed or printed name of registered agen	t and title if applicable. (NC	J1E: Registere	d Agent signature requir	ed when reinstating)	<del></del>	DATE			
ر ماده د ومعاد نبید	in in the second of the second	11 1	FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Departme			د د د د د وای این از این				
1.1		1		mber 24, 2003					{	
9. MANAGING MEMBERS/MANAGERS 1						ADDITIONS/C	HANGES		<del></del> -{	
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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.

'URE REQUIRED SIGNATURE TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #