

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000000515

1. Entity Name
THE RJB FAMILY LIMITED LIABILITY PARTNERSHIP



Principal Place of Business
2545 SOUTH ATLANTIC AVE., #306
DAYTONA BEACH SHORES FL 32148

Mailing Address
C/O BRADBEER & BAILES
1307 E. NORMANDY BLVD #1
DELTONA FL 32725

FILED

03 FEB 10 PM 4:29

SECRETARY OF STATE
TALLAHASSEE FLORIDA



2. Principal Place of Business
137 Old Carriage Rd

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Ponce Inlet, FL

City & State

Zip 32127 Country VOLUSIA

Zip -

Country -

DUE BY MAY 1, 2003

4. FEI Number 59-3637708

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FLICK, JAMES J
940 HIGHLAND AVENUE
ORLANDO FL 32803

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. I am familiar with, and accept the obligations of registered agent.

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

DATE

9. Capital Contributions
as Shown on record. \$1,305,946.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
BEAUREGARD, RICHARD J TRUSTEE
2545 SOUTH ATLANTIC AVE., #306
DAYTONA BEACH SHORES FL 32148

STREET ADDRESS

CITY-ST-ZIP

137 Old Carriage Rd

Ponce Inlet, FL 32127

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CITY-ST-ZIP

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *[Signature]* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/7/03 (386) 801-2444
Date Daytime Phone #

CR2E003 (10/02)