

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # **A00000000922**

1. Entity Name
JC. LINN ENTERPRISES, LTD.

FILED

ng

01 APR -9 PM 12:31

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**4601 WEST COMANCHE AVENUE
TAMPA FL 33614-5428**

Mailing Address
**4601 WEST COMANCHE AVENUE
TAMPA FL 33614-5428**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For
Not Applicable

Zip Country

Zip Country

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

**LINN, JEFFREY N
4601 WEST COMANCHE AVENUE
TAMPA FL 33614-5428**

Name **R. Alan Higbee / FOWLER, WHITE ET AL**
Street Address (P.O. Box Number is Not Acceptable)
501 East Kennedy Blvd.
Suite 1700
City **Tampa** FL Zip Code **33602**

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 *Fowler White et al By: R. Alan Higbee* DATE **3/15/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **\$3,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$2,000.00**

11. MAKE CHECK PAYABLE TO 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 # **P0000054468**
NAME **JC. LINN PROPERTY MANAGEMENT, INC.**
STREET ADDRESS **4601 WEST COMANCHE AVENUE**
CITY-ST-ZIP **TAMPA FL 33614-5428**

STREET ADDRESS

CITY-ST-ZIP

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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: *Jeffrey N. Linn* **JEFFREY N. LINN** DATE **3-5-01** DAYTIME PHONE # **813/249-2525**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (11/00)