FILED

2003 FEB 25 AM II: 19

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A0100000319

1. Entity Name JSDFLP, LLLP



DIVISION OF CORPORATIONS Principal Place of Business Mailing Address
3301 NE 58TH STREET 3301 NE 58TH STREET TALLAHASSEE. FLORIDA FT. LAUDERDALE FL 33308 FT, LAUDERDALE FL 33308 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. **DUE BY MAY 1, 2003** Applied For 4. FEI Number 59-3706146 City & State City & State Not Applicable Country Zip \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NELSON, BARRY A ESQ. Street Address (P.O. Box Number is Not Acceptable) % NELSON & LEVINE, P.A. 2775 SUNNY ISLES BOULEVARD, SUITE 118 NORTH MIAMI BEACH FL 33160 Zip Code City 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. 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE 9. Capital Contributions Amount of Capital Contributions \$4,000,000.00 SEE REVERSE SIDE FOR FEE INFORMATION in FLORIDA to date 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. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY 12. P01000020466 DOCUMENT # STREET ADDRESS JSD FAMILY HOLDING, INC. NAME 3301 NE 58TH STREET STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL 33308 CITY-ST-ZIP -100013090031 02/25/03--01034--022 **5 DOCUMENT # STREET ADDRESS **526.25 NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CiTY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS 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.

TEFRETY 5.

SIGNATURE:

CITY-ST-ZIP

IGNATURE AND TYPES OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/18/03

9544918040

Daytime Phone #