

**LIMITED PARTNERSHIP  
UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** A01000001245

1. Entity Name

John D. Osher Limited Partnership #2, LLLP

**FILED**

04 APR 30 PM 12:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**144 Bear's Club Drive**  
Suite, Apt. #, etc.

3. Mailing Address  
**144 Bear's Club Drive**  
Suite, Apt. #, etc.

DUE BY MAY 1

City & State  
**Jupiter, FL**

City & State  
**Jupiter, FL**

4. FEI Number  
**65-1148085**

Applied For  
Not Applicable

Zip Country  
**33477 USA**

Zip Country  
**33477 USA**

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
**Brant, Abraham, Reiter, & McCormick, P.A.**

Street Address (P.O. Box Number is Not Acceptable)

**50 North Laura Street #2750**

City State Zip Code  
**Jacksonville FL 32202**

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.

**900036486999**

**05/17/04-10010-100 \*\*526.25**

9. Capital Contributions as Shown on record. **10,000,000**

10. Amount of Capital Contributions in FLORIDA to date. **10,000,000**

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

DOCUMENT # **L01000014288**  
NAME **JDO Primary Management Enterprises, LLC**  
STREET ADDRESS **144 Bear's Club Dr. Jupiter, FL**  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

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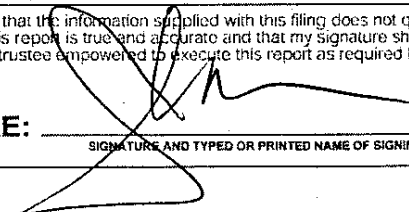
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CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date **4/7/04** Daytime Phone # **561 630 0555**

**DO NOT WRITE IN THIS SPACE**

STAPLE CHECK HERE

CR2E003B (12/01)