

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

DOCUMENT # **A01000001246**

1. Entity Name

JDO Limited Partnership No. Three, LLLP

FILED

02 MAY -6 PM 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

13134 Redon Drive

Suite, Apt. #, etc.

3. Mailing Address

13134 Redon Drive

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

DUE BY MAY 1

City & State

Palm Beach Gardens FL

City & State

Palm Beach Gardens FL

4. FEI Number

65-1148092

Applied For

Not Applicable

Zip

33410

Country

USA

Zip

33410

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name **Brant, Abraham Reiter & M'Cormick P.A.**

Street Address (P.O. Box Number is Not Acceptable)
50 North Leno Street, Suite 2750

City

Jacksonville

FL

Zip Code

32202

**DO NOT WRITE
IN THIS SPACE**

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.

DATE

9. Capital Contributions

as Shown on record. **30,000,000**

10. Amount of Capital Contributions

in FLORIDA to date. **0**

**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

DOCUMENT # **L01000014288**
NAME **JDO Primary Management Enterprises, LLC**
STREET ADDRESS **13134 Redon Drive**
CITY- ST- ZIP **Palm Beach Gardens, FL 33410**

STREET ADDRESS

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CITY- ST- ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Daytime Phone #

3/1/02

**561
430 0555**

CR2E003B (12/01)

STAPLE CHECK HERE