


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0003791 AV

DOCUMENT # A02000000671 1. Entity Name BANYON ANNEX, LTD.	
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUL 14 AM 8:12

Principal Place of Business C/O SHOELESS JOE ANNEX, INC. 2 EAST CAMINO REAL, SUITE 100 BOCA RATON FL 33432	Mailing Address C/O SHOELESS JOE ANNEX, INC. 2 EAST CAMINO REAL, SUITE 100 BOCA RATON FL 33432
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2. Principal Place of Business	3. Mailing Address			DUE BY MAY 1, 2003
Suite, Apt. #, etc.	Suite, Apt. #, etc.			
City & State	City & State	4. FEI Number 51-0416113	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SHOELESS JOE ANNEX, INC. ATTN: JOSEPH R. JACKSON, SR. 2 EAST CAMINO REAL, SUITE 100 BOCA RATON FL 33432	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$1,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 #	P02000049558	STREET ADDRESS	
NAME	SHOELESS JOE ANNEX, INC.	CITY-ST-ZIP	
STREET ADDRESS	2 EAST CAMINO REAL, SUITE 100		
CITY-ST-ZIP	BOCA RATON FL 33432		
DOCUMENT #		STREET ADDRESS	700020043007
NAME		CITY-ST-ZIP	05/28/03--01057--001 **140.00
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	700020043007
NAME		CITY-ST-ZIP	07/17/03--01062--004 **1.25
STREET ADDRESS			
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DOCUMENT #		STREET ADDRESS	
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NAME		CITY-ST-ZIP	
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

SIGNATURE: JOSEPH R. JACKSON 5/15/03 561-417-4805
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)

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