

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

000626 AT

**DOCUMENT # A02000001454**



1. Entity Name  
**RE/MAX ATLANTIC I, A FLORIDA LIMITED PARTNERSHIP**

FILED

03 MAY -6 AM 9:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business <b>8101 SOUTHSIDE BOULEVARD SUITE 1 JACKSONVILLE FL 32256 US</b>	Mailing Address <b>8101 SOUTHSIDE BOULEVARD SUITE 1 JACKSONVILLE FL 32256 US</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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DUE BY MAY 1, 2003

4. FEI Number <b>57-1137634</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**LATSHAW, JOHN H JR.  
3010 SOUTH THIRD STREET  
JACKSONVILLE BEACH FL 32250**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

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. <b>\$200,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	<b>11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
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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**

DOCUMENT #	<b>P02000067145</b>
NAME	<b>JDJ REAL ESTATE SERVICES, INC.</b>
STREET ADDRESS	<b>3010 SOUTH THIRD STREET</b>
CITY-ST-ZIP	<b>JACKSONVILLE BEACH FL 32250</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS	
CITY-ST-ZIP	<b>500018295275</b>
STREET ADDRESS	<b>05/06/03--01065--006 **535.00</b>
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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:** J. S. V. DRAGON **2/30/2003** (904) 652 0017  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)

SAMPLE CHECK HERE