

# 2002 UNIFORM BUSINESS REPORT (UBR)

0001629 AV

**DOCUMENT # A16168**

1. Entity Name  
**JIGS INVESTMENTS, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 FEB 11 PM 2:03

Principal Place of Business  
**11 WASHINGTON AVENUE  
MIAMI BEACH FL 33139**

Mailing Address  
**11 WASHINGTON AVENUE  
MIAMI BEACH FL 33139**



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

**DUE BY MAY 1, 2002**

4. FEI Number **59-2304317**  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**SAWITZ, STEPHEN  
11 WASHINGTON AVE  
MIAMI BEACH FL 33139**

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$588,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

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 # NAME STREET ADDRESS CITY-ST-ZIP	<b>L00000007796 JIGS HOLDINGS, LLC 11 WASHINGTON AVENUE MIAMI BEACH FL 33139</b>
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>400004925154--5 -02/14/02--01033--015 ****526.25 ****526.25</b>
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:** *[Signature]* **MANAGER OF LLC  
GEN. PARTNER** **2/4/02 (305) 673 0365**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER** Date Daytime Phone #

CP2E003 (9/01)