2002 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A29189 1. Entity Name					00.5	FILLU		
NEW J. V. GROUP, LTD.					U2 FEE	3-4 PM	3: 43	8
					_SECRE!	TARY OF S ASSEE. FL	TATE	
Principal Place of Business Mailing Address					TALLAH!	ASSEE, FL	ORIOA	
2110 WOOD GLEN LANE 2110 WOOD GLEN LANE MARIETTA GA 30067-7346 MARIETTA GA 30067-7346				"				
MARILLIA GA	30007-7040	MARIETTA GA 30007-73	40			8158 1881 81811 81811 I	 	
2. Principal Place of Business 3. Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		DUE BY MAY 1, 2002			
City & Stat	re	City & State	City & State		4. FEI Number 58-128702	n	Applied For	
Zip Country		Zip	Zip Cour		5. Certificate of Status Desired		Not Applicabl .75 Additional	e
<u> </u>	6. Name and Address of Curre	nt Registered Agent	J	<u> </u>	7. Name and Address of New I	Fee	Required	- -
o. Name and Address of Current negistered Agent				Name	;	nogratered Age	···	1
BIRD, T. BUCKINGHAM				Street Address (eet Address (P.O. Box Number is Not Acceptable)			
385 N. JEFFERSON ST. MONTICELLO FL 32344						····		\dashv
				City	ı	FL	Zip Code	4
8. The above	named entity submits this statement	for the purpose of changing it	s register	ed office or register	red agent, or both, in the State of Fl			-
	•		ŭ	ŭ				
SIGNATURE .	Signature, typed or printed name of registered age	ent and title if applicable.				DATE		
9. Capital Contributions as Shown on record. \$111,000.00 In FLORIDA to date				butions 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION				
•					TERED AND ACTIVE WITH THE TRANSPORT OF T		ř	=
12.		IER INFORMATION	13.		ADDRESS CH	·		_
DOCUMENT # NAME	WOODWORTH, T.C.		STR	EET ADDRESS	•			9/01
STREET ADDRESS CITY-ST-ZIP	2110 WOOD GLEN LANE MARIETTA GA		CITY	r-ST-ZIP				R2E003 (9/01)
DOCUMENT #			STRI	EET ADDRESS				8
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CITY-ST-ZIP DOCUMENT #	-	. The propagation of the	<u></u>	~ = -	- 90000 4	9109	094	_
NAME			STRE	EET ADDRESS	-02/12	2/02010	25013 ***141-25-	
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NAME *			STRE	EET ADDRESS				_
STREET ADDRESS CITY-ST-ZIP	i 		CITY	-ST-ZIP				
Indicated	certify that the information supplied w on this report is true and accurate ar	nd that my signature shall have	the same	e legal effect as if m	ction 119.07(3)(i), Florida Statutes. nade under oath; that I am a Gener	I further certify t al Partner of the	hat the information limited partnership o	or
the receiv	er or trustee empowered to execute	this report as required by Char	oter 620.	Florida Statutes		2. 3.2. 3. 4.0		1

SIGNATURE:

1-20-02 :770-973-7435

Date Daytime Phone *