


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0018101 AB

DOCUMENT # A29189

1. Entity Name
NEW J. V. GROUP, LTD.



FILED
03 JAN 30 AM 8:49
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJM

Principal Place of Business
**2110 WOOD GLEN LANE
MARIETTA GA 30067-7346**

Mailing Address
**2110 WOOD GLEN LANE
MARIETTA GA 30067-7346**



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

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

1/30

DUE BY MAY 1, 2003

4. FEI Number **58-1287028**

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

6. Name and Address of Current Registered Agent

**BIRD, T. BUCKINGHAM
385 N. JEFFERSON ST.
MONTICELLO FL 32344**

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. **\$111,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **5,000**

11. MAKE CHECK PAYABLE TO FL. 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	WOODWORTH, T.C. 2110 WOOD GLEN LANE MARIETTA GA
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS CITY-ST-ZIP	10001198081 01/29/03--01109--001 **141.25
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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 REQUIRED **1-24-03** **770-973-7435**

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

CR2E003 (10/02)