2001 UNIFORM BUSINESS REPORT (UBR)

000125559 AF

DOCUMENT # A95000000699

1. Entity Name

CJC PROPERTIES, LTD.

FILED
01 FEB 19 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
695 BENJAMIN CHAIRES ROAD TALLAHASSEE FL 32311	695 BENJAMIN CHAIRES ROAD TALLAHASSEE FL 32311

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3312729 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LANDRUM, CAROL C 695 BENJAMIN CHAIRES ROAD TALLAHASSEE FL 32311	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. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$899,525.00		

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 #		STREET ADDRESS	
NAME	CHAPMAN, JOHN W JR.	CITY-ST-ZIP	
STREET ADDRESS	3436 WEEMS ROAD		
CITY-ST-ZIP	TALLAHASSEE FL 32308		
DOCUMENT #		STREET ADDRESS	
NAME	LANDRUM, CAROL C	CITY-ST-ZIP	
STREET ADDRESS	695 BENJAMIN CHAIRES ROAD		
CITY-ST-ZIP	TALLAHASSEE FL 32311		
DOCUMENT #		STREET ADDRESS	700003745917--2
NAME		CITY-ST-ZIP	-02/21/01--01099--018
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STREET ADDRESS			
CITY-ST-ZIP			

CR2E003 (11/00)

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: Carol C. Landrum CAROL C. LANDRUM 2-15-01 850-878-1412
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #