

2000 UNIFORM BUSINESS REPORT (UBR)

JUL 11 2000

DOCUMENT # A95000000947
 1. Entity Name
JEMM FAMILY LIMITED PARTNERSHIP

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 MAR 20 PM 5: 38



Principal Place of Business Mailing Address
 C/O LEYOTT CORPROATION C/O LEYOTT CORPROATION
 P.O. BOX 771066 P.O. BOX 771066
 WINTER GARDEN FL 34777-1066 WINTER GARDEN FL 34777-1066

2. Principal Place of Business <i>c/o Leyott Corporation</i>	3. Mailing Address <i>c/o Leyott Corporation</i>
Suite, Apt. #, etc. <i>P.O. Box 979</i>	Suite, Apt. #, etc. <i>P.O. Box 979</i>
City & State <i>OAKLAND, FLORIDA</i>	City & State <i>OAKLAND, FLORIDA</i>
Zip Country <i>34760-0979</i>	Zip Country <i>34760-0979</i>

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3322123		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent OMBRES, ALEXANDER J ESQ. 801 N. MAGNOLIA AVENUE, SUITE 201 ORLANDO FL 32803		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$1,816,863.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$1,816,863.00**

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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	F49702 LEYOTT CORPORATION 801 NORTH MAGNOLIA AVE., SUITE 201 ORLANDO FL 32803	STREET ADDRESS CITY - ST - ZIP	300003192493--6 -04703700--01005--013 ****526.25 ****526.25
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	J61037 MATHEWS CITRUS PROPERTIES, INC. 801 NORTH MAGNOLIA AVE., SUITE 201 ORLANDO FL 32803	STREET ADDRESS CITY - ST - ZIP	<i>BJK</i>
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	<i>3/20</i>
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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: *Margaret M. Mathews* **MARGARET M. MATHEWS** *3/19/00*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #