

2001 UNIFORM BUSINESS REPORT (UBR)

0013861 AF

DOCUMENT # A95000000947

1. Entity Name

JEMM FAMILY LIMITED PARTNERSHIP

FILED
 01 MAR 12 PM 12:08
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business C/O LEYOTT CORPROATION P.O. BOX 979 OAKLAND FL 34760-0979	Mailing Address C/O LEYOTT CORPROATION P.O. BOX 979 OAKLAND FL 34760-0979
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2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **59-3322123** Applied For
Not Applicable

Zip Country Zip Country 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

**OMBRES, ALEXANDER J ESQ.
801 N. MAGNOLIA AVENUE, SUITE 201
ORLANDO FL 32803**

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 _____
Signature, typed or printed name of registered agent and title if applicable.

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 # **F49702**
 NAME **LEYOTT CORPORATION**
 STREET ADDRESS **801 NORTH MAGNOLIA AVE., SUITE 201**
 CITY-ST-ZIP **ORLANDO FL 32803**

STREET ADDRESS
 CITY-ST-ZIP

DOCUMENT # **J61037**
 NAME **MATHEWS CITRUS PROPERTIES, INC.**
 STREET ADDRESS **801 NORTH MAGNOLIA AVE., SUITE 201**
 CITY-ST-ZIP **ORLANDO FL 32803**

STREET ADDRESS
 CITY-ST-ZIP

600003854456-9
-03/15/01-01074-015
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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: *Margaret M Mathews* **SIGNATURE REQUIRED** *General Partner* Date **3/10/01** Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (11/00)