

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A95000000947**

1. Entity Name

**JEMM FAMILY LIMITED PARTNERSHIP**

FILED

02 MAR -6 PM 1:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
C/O LEYOTT CORPORATION  
P.O. BOX 979  
OAKLAND FL 34760-0979

Mailing Address  
C/O LEYOTT CORPORATION  
P.O. BOX 979  
OAKLAND FL 34760-0979



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY MAY 1, 2002**

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

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

DATE

9. Capital Contributions as Shown on record.

**\$1,816,863.00**

10. Amount of Capital Contributions in FLORIDA to date.

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 #	<b>F49702</b>
NAME	<b>LEYOTT CORPORATION</b>
STREET ADDRESS	<b>801 NORTH MAGNOLIA AVE., SUITE 201</b>
CITY-ST-ZIP	<b>ORLANDO FL 32803</b>
DOCUMENT #	<b>J61037</b>
NAME	<b>MATHEWS CITRUS PROPERTIES, INC.</b>
STREET ADDRESS	<b>801 NORTH MAGNOLIA AVE., SUITE 201</b>
CITY-ST-ZIP	<b>ORLANDO FL 32803</b>
DOCUMENT #	
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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** 2/25/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

0016307 AT

CR2E003 (9/01)

STAPLE CHECK HERE