

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000001252

1. Entity Name
AJ/HP VENTURER, LTD.

FILED

Principal Place of Business
**C/O WHITE & CASE
200 SOUTH BISCAYNE BLVD., SUITE 4900
MIAMI FL 33131**

Mailing Address
**8917 WESTERN WAY, SUITE 6
JACKSONVILLE FL 32256**

01 MAY - 8 AM 11:53

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

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

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

4. FEI Number **59-3457716**
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
**GRAGG, K. LAWRENCE
C/O WHITE & CASE
200 SOUTH BISCAYNE BLVD., SUITE 4900
MIAMI FL 33131**

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. **\$20,650.00**

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	
DOCUMENT #	P97000049722
NAME	AJ/HP VENTURER, INC.
STREET ADDRESS	8917 WESTERN WAY, SUITE 6
CITY-ST-ZIP	JACKSONVILLE FL 32256
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	144.55-4p
CITY-ST-ZIP	88.75-Adm
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	000004384200--4
CITY-ST-ZIP	-06/08/01--01096--015 ***233.30 ***233.30
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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: _____

SIGNATURE REQUIRED **JEFFREY A. CONN** 5/1/01 904/363-9002
Date Daytime Phone #