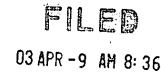
2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

A97000001252 **DOCUMENT #**

1. Entity Name
AJ/HP VENTURER, LTD.



Mailing Address 8917 WESTERN WAY, SUITE 6 Principal Place of Business C/O WHITE & CASE





MIAMI FL 3313		D SOITE 4900	JACKOUNVILLE FL 32200							
2. Principal Place of Business Suite, Apt. #, etc. City & State			3. Mailing Address	3. Mailing Address Suite, Apt. #, etc. City & State		T 1981011 1850 16111 18011 80111 80111 80111 80111 80111 80111 80111 80111 80111 80111 80111 80111 80111 8011				
			Suite, Apt. #, etc.			·	DUE BY MAY 1, 2003			
			City & State			39-3437710			Applied For Not Applicable	
Zip	*· -	Country	Zip	Zip Country		5. Certificate o	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					
GRAGG, K. LAWRENCE					Name					
C/O WHITE & CASE				Street Addres		s (P.O. Box Number is Not Acceptable)				
200 SOUT	TH BISCAY!	NE BLVD., SUITE 4900	0							
MIAMI FL 33131				•		——————————————————————————————————————				
-					City			FL	Zip Code	
	e named entit tions of regist		for the purpose of changir	ng its registere	ed office or regi	stered agent, or both	, in the State of Florid	a. I am fan	niliar with, and accept	
SIGNATURE	Signature, typed	or printed name of registered age	ent and title if applicable.					DATE		
9. Capital Contributions as Shown on record. \$20,650.00				Amount of Capital Contributions in FLORIDA to date.			11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION			
			THAT IS A BUSINESS MAY NOT be changed o						er.	
12. GENERAL PARTNER INFORMATION 1						ADDRESS CHANGES ONLY				
DOCUMENT # P97000049722				STRE	ET ADDRESS					CR2E003 (10/02)
NAME AJ/MP VENTUREH, INC.					ļ					Ξ
STREET ADDRESS 8917 WESTERN WAY, SUITE 6 CITY-ST-ZIP JACKSONVILLE FL 32256				CITY	-ST-ZiP					S
CITY-ST-ZIP	JACKSON	VILLE FL 32256								辺
DOCUMENT #				STRE	FT ADDRESS					ö

DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP_ CITY-ST-ZIP <u>6000015561866</u> DOCUMENT # 04/09/03--01070--007 **242.05 STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP M THOMAS DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 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: