


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0006950 AT

DOCUMENT # A97000001252 1. Entity Name AJ/HP VENTURER, LTD.	
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FILED

03 APR -9 AM 8:36

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
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

DUE BY MAY 1, 2003	
4. FEI Number 59-3457716	Applied For <input type="checkbox"/> Not Applicable

Zip	Country	Zip	Country
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GRAGG, K. LAWRENCE C/O WHITE & CASE 200 SOUTH BISCAYNE BLVD., SUITE 4900 MIAMI FL 33131
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
State: 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. I am familiar with, and accept the obligations of registered agent.

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

9. Capital Contributions as Shown on record.	\$20,650.00
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10. Amount of Capital Contributions in FLORIDA to date.	
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11. MAKE CHECK PAYABLE TO FL. 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	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	600015581866
CITY-ST-ZIP	04/09/03--01070--007 **242.05
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	M THOMAS
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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date: **4/8/03** Daytime Phone #: **(904) 363-9002**

CR2E003 (10/02)