

2001 UNIFORM BUSINESS REPORT (UBR)

0009742 AF

DOCUMENT # A98000000596

1. Entity Name

IEZZI I, LTD.

FILED

01 APR 26 PM 3: 53

SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE

Principal Place of Business 14027 SHADY SHORES DRIVE TAMPA FL 33613	Mailing Address 14027 SHADY SHORES DRIVE TAMPA FL 33613
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number **59-3496067**

Applied For
Not Applicable

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

**DRUMMOND, TEMPLE H
SOLOMON & BENEDICT, P.A.
3000 NATIONSBANK PLAZ., 400 N. ASHLEY DRIVE
TAMPA FL 33602**

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. **\$1,820,000.00**

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 #	P98000011129
NAME	JAECO MANAGEMENT COMPANY, INC.
STREET ADDRESS	14027 SHADY SHORES DRIVE
CITY - ST - ZIP	TAMPA FL 33613

STREET ADDRESS	7000004191437-8
CITY - ST - ZIP	-05/09/01--01112--004
	***526.25 ***526.25

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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: **SIGNATURE REQUIRED**

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
Alan S. IZZI President

Date **4/22/01** Daytime Phone # **(813) 960-2108**

CR2E003 (11/00)