

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

FILED


03 MAY -5 PM 5:05

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

DOCUMENT # **A98000001125**

1. Entity Name
JENE'S RETIREMENT INVESTORS, LTD.



Principal Place of Business
~~3737 W. ARTHUR~~
LINCOLNWOOD FL 33042

Mailing Address
C/O NORMAN GINSPARG
3389 SHERIDAN ST., #195
HOLLYWOOD FL 33021



2. Principal Place of Business
6865 N. Lincoln Ave.

3. Mailing Address
5/5

Suite, Apt. #, etc.

City & State
Lincolnwood, IL.

City & State

Zip
60712

Country

Zip

Country

DUE BY MAY 1, 2003

4. FEI Number **65-0920415**

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

GINSPARGN, NORMAN
11190 BISCAYNE BLVD.
NORTH MIAMI FL 33181

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

700018002947

05/05/03--01037--006 **526.25

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. 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. **\$550,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$ 550,000.00**

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 #	P98000040692
NAME	JENE'S RETIREMENT LIVING, INC.
STREET ADDRESS	11190 BISCAYNE BLVD.
CITY-ST-ZIP	N. MIAMI FL 33181
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
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DOCUMENT #	
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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	
CITY-ST-ZIP	
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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 Philip Esformes** **4-30-03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE

0001000
AV