


# 2002 UNIFORM BUSINESS REPORT (UBR)

0013687 AT

**DOCUMENT # A99000000295**

1. Entity Name  
**JM & RG, LTD., LLP**

**FILED**  
02 JAN 18 AM 12:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**4301 E. BROADWAY AVE.  
TAMPA FL 33605**

Mailing Address  
**PO BOX 152596  
TAMPA FL 33684-2596**

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

3. Mailing Address  
**P.O. BOX 75127  
TAMPA, FL 33675-0127**  
Suite, Apt. #, etc.  
City & State  
Zip Country

**DUE BY MAY 1, 2002**

4. FEI Number **59-3562203**  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**GOLDSTEIN, ROBERT J  
4301 E. BROADWAY AVE.  
TAMPA FL 33605**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$6,000,000.00**

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	
DOCUMENT #	
NAME	<b>GOLDSTEIN, ROBERT J</b>
STREET ADDRESS	<b>4815 WESTSHORE BLVD.</b>
CITY-ST-ZIP	<b>TAMPA FL 33614</b>
DOCUMENT #	
NAME	<b>MOSKOWITZ, JOAN</b>
STREET ADDRESS	<b>4815 WESTSHORE BLVD.</b>
CITY-ST-ZIP	<b>TAMPA FL 33614</b>
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	<del><b>P.O. BOX 75127 TAMPA, FL 33675-0127</b></del> <b>33605</b>
CITY-ST-ZIP	<b>4301 E. BROADWAY AVE, TAMPA, FL.</b>
STREET ADDRESS	<del><b>P.O. BOX 75127 TAMPA, FL 33675-0127</b></del>
CITY-ST-ZIP	<b>4301 E. BROADWAY, TAMPA, FL. 33605</b>
STREET ADDRESS	<del><b>500004792995--9</b></del>
CITY-ST-ZIP	<del><b>-01/24/02--01034--014</b></del> <del><b>****526.25 ****526.25</b></del>
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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (9/01)