2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000000888

FILED
02 FEB 19 AM 9:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name

WARGA FAMILY LIMITED PARTNERSHIP NO. 3

Principal Place of Business	Mailing Address
C/O NELSON & ASSOCIATES. P.A. 19495 BISCAYNE BLVD.. SUITE 609 AVENTURA FL 33180	C/O NELSON & ASSOCIATES. P.A. 19495 BISCAYNE BLVD.. SUITE 609 AVENTURA FL 33180

2. Principal Place of Business	3. Mailing Address
2775 Sunny Isles Blvd.	2775 Sunny Isles Blvd.
Suite, Apt. #, etc.: Suite 118	Suite, Apt. #, etc.: Suite 118
City & State: North Miami Beach, FL	City & State: North Miami Beach, FL
Zip: 33160 Country: USA	Zip: 33160 Country: USA

DUE BY MAY 1, 2002

4. FEI Number: 65-1016308 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

NELSON, BARRY A ESQ.
C/O NELSON & ASSOCIATES
19495 BISCAYNE BLVD., SUITE 609
AVENTURA FL 33180

7. Name and Address of New Registered Agent

Name: Nelson, Barry A. c/o Nelson & Levine, P.A.
Street Address (P.O. Box Number is Not Acceptable): 2775 Sunny Isles Blvd., Suite 118
City: North Miami Beach **FL** Zip Code: 33160

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: B G Nel — 2/6/02
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$5,000,000.00		

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 #	P99000038105	STREET ADDRESS	2775 Sunny Isles Blvd., Suite 118
NAME	JLW HOLDINGS, INC.	CITY-ST-ZIP	North Miami Beach, FL 33160
STREET ADDRESS	19495 BISCAYNE BOULEVARD, SUITE 609		
CITY-ST-ZIP	AVENTURA FL 33180		
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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: James L Warga — 2/7/02 — (305) 872-4223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

CR2E003 (9/01)