

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

FILED

03 FEB -4 PM 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0010057 AT

DOCUMENT # **A92000000237**



1. Entity Name
JANROSS ASSOCIATES, LTD.

Principal Place of Business
**C/O RAY M. SHAW, C.P.A.
7600 RED ROAD, SUITE 206
MIAMI FL 33143**

Mailing Address
**C/O RAY M. SHAW, CPA
7600 RED ROAD, STE. 206
MIAMI FL 33143**



2. Principal Place of Business		3. Mailing Address		DUE BY MAY 1, 2003	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0380581	Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DANIELS, NICHOLAS M ESQ THERREL BAISDEN, P.A. ONE S.E. THIRD AVENUE, SUITE 2400 MIAMI FL 33131		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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE _____	
9. Capital Contributions as Shown on record. \$2,079,000.00	10. Amount of Capital Contributions in FLORIDA to date. \$2,079,000	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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P92000000082	STREET ADDRESS	
NAME	JANROSS PROPERTIES, INC.	CITY-ST-ZIP	
STREET ADDRESS	185 TWELVE OAKS LANE		
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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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: **Raymond A. Ross, Jr.** 1/20/03 904 273-7088
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE