

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000001895**

1. Entity Name  
**MEDLOCK INVESTMENTS LIMITED PARTNERSHIP**



APPROVED  
AND  
FILED  
  
03 FEB -7 AM 11:21  
  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**4200 NORTH OCEAN DRIVE, #1801-2  
SINGER ISLAND FL 33404**

Mailing Address  
**4200 NORTH OCEAN DRIVE, #1801-2  
SINGER ISLAND FL 33404**



2. Principal Place of Business

**2326 S. CONGRESS AVE**

3. Mailing Address

**2326 S. CONGRESS AVE**

Suite, Apt. #, etc.

**1 D**

Suite, Apt. #, etc.

**1 D**

City & State

**WEST PALM BEACH, FL.**

City & State

**WEST PALM BEACH FL.**

Zip

**33406**

Country

**USA**

Zip

**33406**

Country

**USA**

**DUE BY MAY 1, 2003**

4. FEI Number **91-1899236**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MEDLOCK, JAMES W  
4200 NORTH OCEAN DRIVE, #1801-2  
RIVIERA BEACH FL 33404**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

9. Capital Contributions  
as Shown on record.

**\$99.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**99.00**

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 # **G97245900065**  
NAME **THE JWM TRUST**  
STREET ADDRESS **4200 NORTH OCEAN DRIVE, #1801-2**  
CITY-ST-ZIP **SINGER ISLAND FL 33404**

13. ADDRESS CHANGES ONLY  
**300011385113**  
**02/07/03--01061--003 \*\*141.25**

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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:

**JAMES W MEDLOCK**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**1/22/03 561-439-4620**

CR2E003 (10/02)