

2001 UNIFORM BUSINESS REPORT (UBR)

0013628 AF

DOCUMENT # A00000000727

1. Entity Name
THE CAROL H. REDD FAMILY LIMITED PARTNERSHIP

FILED

01 APR -2- PM 12:20

Principal Place of Business
**3170 NORTH FEDERAL HIGHWAY, SUITE 205B
LIGHTHOUSE POINT FL 33064**

Mailing Address
**% CAROL H. REDD
P.O. BOX 5143
LIGHTHOUSE POINT FL 33074**



2. Principal Place of Business
**3650 N. Federal HY
Suite, Apt. #, etc.
#210
City & State
Lighthouse Point, FL
Zip
33064**

Country
Broward

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1026652

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**REDD, CAROL H
3170 NORTH FEDERAL HIGHWAY, SUITE 205B
LIGHTHOUSE POINT FL 33064**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
3650 N. Federal Highway #210
City
Lighthouse Point FL Zip Code
33064

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 **Carol H. Redd** **MA** **3/19/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. **\$656,300.00**

10. Amount of Capital Contributions in FLORIDA to date. **656,300.00**

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 #	P00000036978
NAME	CJHR CORPORATION
STREET ADDRESS	3170 NORTH FEDERAL HIGHWAY, SUITE 205B
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	3650 North Federal Hy #210
CITY-ST-ZIP	Lighthouse Point, FL 33064
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	400003992634--6
CITY-ST-ZIP	04/11/01-01100-005 ***526.25 ***526.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

CFR2E003 (11/00)

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: **Carol H. Redd** **3/19/01** **954-943-8990**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #