## LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

STAPLE CHECK HERE

**SIGNATURE** 

FILED A00000001036 **DOCUMENT #** 1. Entity Name 03 AUG - 4 ATTO: 41 JERMC LTD. SECRETARY OF STATE TALLAHASSEE, FLORIDA DO NOT WRITE IN THIS SPACE 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Mailing Address Suite, Apt. #, etc. DUE BY MAY 1 City & State 4. FEI Number Applied For Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired οZ Fee Required 7. Name and Address of Current Registered Agent DO-NOT-WRITE IN THIS SPACE 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 9. Capital Contributions 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE 8,000 as Shown on record. in FLORIDA to date. 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. GENERAL PARTNER INFORMATION 12. 100000062456 DOCUMENT # STREET ADDRESS NAME me Ltd Management Co STREET ADDRESS CITY-ST-ZIP 500018464975 CITY-ST-ZIP DOCUMENT # STREET ADDRESS SOCOIS464<u>9</u>75 NAMÉ 03721703-01018-017 \*\*88.75 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP. CITY-ST-ZIP DOCUMENT # IN THIS SPACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP DOCUMENT 🏞 STREET ADDRESS NAME STREET ADDRE CITY-ST-ZIP CITY-ST-ZIP 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

(727)639-2955