


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

001963 AT

DOCUMENT # A00000001374	
1. Entity Name JAVED FAMILY LIMITED PARTNERSHIP	

FILED

03 MAY 28 AM 8:00

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



Principal Place of Business 490 CYPRESS CROSSING WELLINGTON FL 33414	Mailing Address 490 CYPRESS CROSSING WELLINGTON FL 33414
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

DUE BY MAY 1, 2003	
4. FEI Number 65-1039538	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent JAVED, MOHAMMAD T 490 CYPRESS CROSSING WELLINGTON FL 33414	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 *Amnah C. Javed* DATE _____

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

9. Capital Contributions as Shown on record. \$250,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	JAVED, MOHAMMAD T	STREET ADDRESS	
NAME	490 CYPRESS CROSSING	CITY-ST-ZIP	
STREET ADDRESS	WELLINGTON FL 33414		
CITY-ST-ZIP			
DOCUMENT #	JAVED, FARRAH C	STREET ADDRESS	
NAME	490 CYPRESS CROSSING	CITY-ST-ZIP	
STREET ADDRESS	WELLINGTON FL 33414		
CITY-ST-ZIP			
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CITY-ST-ZIP			

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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: *Amnah C. Javed* **5-10-03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE