

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000001878

1. Entity Name

JACKSON CENTRAL INVESTORS LIMITED PARTNERSHIP

Principal Place of Business

Mailing Address

2. Principal Place of Business
3399 PGA Boulevard
Suite, Apt. #, etc.
Suite 240
City & State
Palm Beach Gardens, FL
Zip
33410
Country
Palm Beach

3. Mailing Address
3399 PGA Boulevard
Suite, Apt. #, etc.
Suite 240
City & State
Palm Beach Gardens, FL
Zip
33410
Country
Palm Beach

FILED

01 APR 27 AM 11:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

4. FEI Number
105-1061394

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

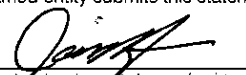
Name
James V. Galgano

Street Address (P.O. Box Number is Not Acceptable)
3399 PGA Boulevard

Suite 240

City
Palm Beach Gardens FL Zip Code
33410

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  JAMES V. GALGANO 4/2/01

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. -0-

10. Amount of Capital Contributions in FLORIDA to date. -0-

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 #	P00000112322
NAME	JACKSON CENTRAL EQUITY INVESTORS CORP.
STREET ADDRESS	3399 PGA Boulevard, Suite 240
CITY-ST-ZIP	Palm Beach Gardens, FL 33410
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	800004213218--5 -05/11/01--01140--011 ****150.00 ****150.00
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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:  JAMES V. GALGANO 4/2/01 561-6919900

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

CR2E003 (11/00)