

2002 UNIFORM BUSINESS REPORT (UBR)

0001094 AT

DOCUMENT # A00000001897

1. Entity Name

JVAN RPB, LLP

FILED

02 SEP 16 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

12041 SOUTHERN BLVD.
ROYAL PALM BEACH FL 33411

Mailing Address

15410 WHISPERING WILLOW DRIVE
WELLINGTON FL 33414

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY SEPTEMBER 25, 2002

4. FEI Number 65-1062086

Applied For

Not Applicable

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

FAIRBANKS, JAY M
15410 WHISPERING WILLOW DRIVE
WELLINGTON FL 33414

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 DATE

9. Capital Contributions as Shown on records \$12,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME FAIRBANKS, J. NELSON
STREET ADDRESS 15410 WHISPERING WILLOW DRIVE
CITY-ST-ZIP WELLINGTON FL 33414

STREET ADDRESS

CITY-ST-ZIP

100007848831--8

-09/19/02--01052--016

****550.00 ****550.00

DOCUMENT #
NAME FAIRBANKS, JAY M
STREET ADDRESS 210 CYPRESS AVE.
CITY-ST-ZIP CLEWISTON FL 33440

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

8/12/02 561 714 1494

CR2E003 (4/02)