

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000001897

1. Entity Name

JVAN RPB, LLP

Principal Place of Business

12041 SOUTHERN BLVD.
ROYAL PALM BEACH FL 33411

Mailing Address

15410 WHISPERING WILLOW DRIVE
WELLINGTON FL 33414

FILED

02 SEP 16 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY SEPTEMBER 25, 2002

City & State

City & State

4. FEI Number

65-1062086

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

DATE

9. Capital Contributions
as shown on record

500000.00

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
STREET ADDRESS
CITY-ST-ZIP

FAIRBANKS, J. NELSON
15410 WHISPERING WILLOW DRIVE
WELLINGTON FL 33414

STREET ADDRESS
CITY-ST-ZIP

100007848831--8
-09/19/02-01052-016
*****550.00 *****550.00

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

FAIRBANKS, JAY M
210 CYPRESS AVE.
CLEWISTON FL 33440

STREET ADDRESS
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

8/12/02 5617141494

Daytime Phone #