FILED

03 MAY -7 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600018446086
05/07/03--01026--005 **150.00

2003 LIMITED PARTNERSHIP 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

2. Principal Place of Business

Suite, Apt #, etc.

City & State

Zip — Country

3. Mailing Address

Suite, Apt #, etc.

City & State

Zip — Country

DUE BY MAY 1, 2003

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

FAIRBANKS, JAY M
15410 WHISPERING WILLOW DRIVE
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

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 ______ 4/28/03
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record. $0.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL DEPT OF STATE. SEE REVERSE SIDE FOR FEE INFORMATION

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	Windermere Reserve
STREET ADDRESS	15410 WHISPERING WILLOW DRIVE		
CITY-ST-ZIP	WELLINGTON, FL 33414	CITY-ST-ZIP	7145 Horizon circle, Windermere, Fl. 34786-8408
DOCUMENT #			
NAME	FAIRBANKS, JAY M	STREET ADDRESS	15410 Whispering Willow Dr
STREET ADDRESS	210 CYPRESS AVE.		
CITY-ST-ZIP	CLEWISTON, FL 33440	CITY-ST-ZIP	Wellington, Fl. 33414
DOCUMENT #			
NAME		STREET ADDRESS	
STREET ADDRESS			
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CITY-ST-ZIP		CITY-ST-ZIP	

CR2E003 (10/02)

STAPLE CHECK HERE

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: ______ 4/28/03 561.797.2852
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

850 488 9000