## **2003 LIMITED PARTNERSHIP** UNIFORM BUSINESS REPORT (UBR)

## A0000002082 **DOCUMENT#**

1. Entity Name JSĆ ASSOCIATES, LTD.

Principal Place of Business 3665 BEE RIDGE RD. #310

SARASOTA FL 34233



Mailing Address 3665 BEE RIDGE RD. #310 SARASOTA FL 34233

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State		

FILED

JAN 14 PM 2: 19 03

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Cuita Aire						
Suite, Apt. #, etc. Suite, Apt. #, etc.			DUE BY MAY 1, 2003			
City & State City & State			4. FEI Number 65-1077688 Applied For Not Applicable			
Zip	32	untry	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required	
	6. Name and /	ddress of Current Regi	stered Agent		7. Name and Address of New Registered Agent	
MCSWEENEY, ANINA C 3665 BEE RIDGE RD. #310 SARASOTA FL 34233				Name Street Address (P.O. Box Number is Not Acceptable)		
8 The above	a named antity output	nite this statement for the		City	FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its regis the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  9. Capital Contributions as Shown on record.  \$5,000.00  10. Amount of Capital Contributions in FLORIDA to date.			If applicable.  10. Amount of Capital in FLORIDA to dat	Contributions	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FFF 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 INFO	PRMATION	13.	ADDRESS CHANGES ONLY	
DOCUMENT / P00000117797  NAME JSC OF SARASOTA, INC.  STREET ADDRESS CITY-S1-ZIP SARASOTA FL 34277-5722		STREET ADDRESS				
DOCUMENT / NAME STREET ADDRESS	SAFASOTA FL	34211-3122		STREET ADDRESS	900010075839 01/14/0301045011 **141.25	
CITY-ST-ZIP  DOCUMENT #		-		CITY-ST-ZIP STREET ADDRESS		
NAME STREET ADDRESS CITY-ST-ZIP				CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS	<del></del>			STREET ADDRESS		
CITY-ST-ZIP	<u> </u>		-	CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP		1	<u>-</u>	CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP			·	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!

January 10, 2003

(941) 923-4551