

2001 UNIFORM BUSINESS REPORT (UBR)

0020541 SP

DOCUMENT # A00749

1. Entity Name

CALLERY-JUDGE GROVE, LIMITED PARTNERSHIP

FILED

01 JAN 18 PM 12:27

Principal Place of Business

**4001 SEM. PRATT WHITNEY ROAD
LOXAHATCHEE FL 33470**

Mailing Address

**4001 SEM. PRATT WHITNEY ROAD
LOXAHATCHEE FL 33470**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

74-1542468

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

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

**HEWITT, WALLACE R.
4001 SEMINOLE-PRAT WHITNEY ROAD
LOXAHATCHEE FL 33470**

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.

SIGNATURE

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.

\$400,000.00

10. Amount of Capital Contributions in FLORIDA to date.

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 # **A9500000098**
NAME **CJG MANAGEMENT, LTD.**
STREET ADDRESS **4001 SEMINOLE-PRATT WHITNEY ROAD**
CITY-ST-ZIP **LOXAHATCHEE FL 33470**

STREET ADDRESS

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
NATHANIEL T. ROBERTS

1/10/01

Date

(561) 793-1676

Daytime Phone #

CR2E003 (11/00)