

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0002890
AV

DOCUMENT # **A01000000016**

1. Entity Name

ONE OF B LIMITED

02 MAR -8 PM 1:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1451 CYPRESS CREEK ROAD, SUITE 300 FORT LAUDERDALE FL 33309	Mailing Address 1451 CYPRESS CREEK ROAD, SUITE 300 FORT LAUDERDALE FL 33309
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2. Principal Place of Business 412 S. MILITARY TRAIL	3. Mailing Address 412 S MILITARY TRAIL
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State DEERFIELD BEACH FL	City & State DEERFIELD BEACH, FL	4. FEI Number 65-1066812	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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Zip 33441	Country	Zip 33441	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GILLESPIE & ALLISON, P.A.
SUITE 300
1515 SOUTH FEDERAL HIGHWAY
BOCA RATON FL 33432**

Name	Street Address (P.O. Box Number is Not Acceptable)	City	FL	Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$501,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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	P96000076976 J.D. LANDON, INC. 1451 CYPRESS CREEK ROAD, SUITE 300 FORT LAUDERDALE FL 33309	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	200005109122-9
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	-03/14/02--01080--025
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	***526.25 ***526.25
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
DOCUMENT # NAME 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date _____ Daytime Phone # _____

STAPLE CHECK HERE

CR2E003 (9/01)