

LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

FILED

02 MAY -6 PM 2: 59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A01000001049

1. Entity Name

JDO Limited Partnership, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

13134 Redon Dr.

3. Mailing Address

13134 Redon Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

DUE BY MAY 1

City & State

Palm Beach Gardens, FL

City & State

Palm Beach Gardens, FL

4. FEI Number

65-1125262

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Benjamin Abraham, Reiter & McCormick P.A.

Street Address (P.O. Box Number is Not Acceptable)

50 North Laura Street, Suite 2750

City

Jacksonville

FL

Zip Code

32202

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.

DATE

9. Capital Contributions

as Shown on record.

14,000,000

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

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

LO1000011408
JDO Management Enterprises, LLC
13134 Redon Dr.
Palm Beach Gardens, FL 33410

STREET ADDRESS

CITY - ST - ZIP

0000005577840-1

-05/21/02-01076-009

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**DO NOT WRITE
IN THIS SPACE**

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

5/1/02

Date

561
930 0555

Daytime Phone #

CR2E003B (12/01)

STAPLE CHECK HERE