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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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04/14/03--01007--013 **526.25

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

DOCUMENT # A01000001049			
1. Entity Name JDO LIMITED PARTNERSHIP, LLLP			
Principal Place of Business 13134 REDON DRIVE PALM BEACH GARDENS, FL 33410		Mailing Address C/O BRANT, ABRAHAM, PEITER & MCCORMICK, PA 50 N. LAURA STREET, SUITE 2750 JACKSONVILLE, FL 32202	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
5. Name and Address of Current Registered Agent BRANT, ABRAHAM, REITER & MCCORMICK, P.A. 60 NORTH LAURA STREET, SUITE 2750 JACKSONVILLE, FL 32202		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 _____ DATE _____ Signature, typed or printed name of registered agent and date if applicable.			
9. Capital Contributions as Shown on record. \$14,000,000.00		10. Amount of Capital Contributions in FLORIDA to date.	
11. MAKE CHECK PAYABLE TO FLA 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 STREET ADDRESS CITY-ST-ZIP	L01000011408 JDO MANAGEMENT ENTERPRISES, LLC 13134 REDON DRIVE PALM BEACH GARDENS, FL 33410	STREET ADDRESS CITY-ST-ZIP	
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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 4/6/03 Daytime Phone # 561 638 0555	

STAPLE CHECK HERE

CR2E003 (10/02)