

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0007224 AT

DOCUMENT # A01000001081

1. Entity Name
JMT, LLLP



FILED

03 APR -3 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
90 CHANTECLAIRE CIRCLE
GULF BREEZE FL 32561-4068

Mailing Address
90 CHANTECLAIRE CIRCLE
GULF BREEZE FL 32561-4068



2. Principal Place of Business

3. Mailing Address

7383 San Ramon Dr. 7383 San Ramon Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State
Milton, FL

City & State
Milton, FL

4. FEI Number 30-0013534

Applied For

Not Applicable

Zip
32583

Country
Santa Rosa

Zip
32583

Country
Santa Rosa

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

THOMPSON, JAMES H

90 CHANTECLAIRE CIRCLE 7383 San Ramon Dr.
GULF BREEZE FL 32561-4068 Milton, Florida 32583

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

3/30/03
DATE

9. Capital Contributions as Shown on record.

\$250,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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 THOMPSON, JAMES H
STREET ADDRESS 90 CHANTECLAIRE CIRCLE
CITY-ST-ZIP GULF BREEZE FL 32561-4068

STREET ADDRESS 7383 San Ramon Dr.
CITY-ST-ZIP Milton, FL 32583

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/30/03 850-981-9381
Date Daytime Phone #

CR2E003 (10/02)