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

DOCUMENT # A01000001245

1. Entity Name

STAPLE CHECK HERE

John D. Osher Limited Partnership #2, LLLP



FILED 03 MAR 24 PM 1: 15

	DO NOT WR	ITE IN THIS	SPACE		20 III
	Place of Business edon Drive	3. Mailing Addres 13134 Redo		DO NOT WRITE IN THIS SPACE	MJH
Suite, Apt.	#, etc.	Suite, Apt. #, et	C.	DUE BY MAY 1	
City & Stat Palm Bea	e ach Gardens, FI	City & State Palm Beach	Gardens, Fl	4. FEI Number 65-1148085 Applied For Not Applicable	
33410	Country USA	33410	Country USA	5. Certificate of Status Desired See Required	
Plant, Abraham, Reiter, & McCormick, P.A. Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE Solve the Address (P.O. Box Number is Not Acceptable) Solve the Address (P.O. Box Number is Not Acceptable) 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. I am familiar with, and accept the obligations of registered agent Signature Signature, upput or philad name of registered agent and title it applicable. DATE					
9. Capital Contributions as Shown on record. 10,000,000 10. Amount of Capital Contributions 10,000,000 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE 10,000,000 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	L01000014288 JDO Primary Manage	mant Entarprises III	STREET ADDRESS		12/02
STREET ADDRESS CITY-ST-ZIP	13134 Redon Drive P			E17DE2FIDUDE	03B (
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14. Thereby certify that the information supplied with this filling 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 troe and occurred 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 Davitre Phone is					