

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

FILED

04 APR 30 PM 12:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DUE BY MAY 1

DOCUMENT # A01000001246
1. Entity Name
 John D. Osher Limited Partnership #3, LLLP

2. Principal Place of Business 144 Bear's Club Drive Suite, Apt. #, etc.		3. Mailing Address 144 Bear's Club Drive Suite, Apt. #, etc.	
City & State Jupiter, FL		City & State Jupiter, FL	
Zip 33477	Country USA	Zip 33477	Country USA

4. FEI Number 65-1148092	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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7. Name and Address of Current Registered Agent

Name: Brant, Abraham, Reiter, & McCormick, P.A.
 Street Address (P.O. Box Number is Not Acceptable):
50 North Laura Street #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.

600036487006
 05/17/04-01010-011 **526.25

9. Capital Contributions as Shown on record: <u>30,000,000</u>	10. Amount of Capital Contributions in FLORIDA to date: <u>25,252,525</u>	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

DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	L01000014288 JDO Primary Management Enterprises LLC 144 Bear's Club Dr. Jupiter, FL
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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)(f), 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

4/17/04 561630
 0535
 Date Daytime Phone #

STAPLE CHECK HERE

CR2E003B (12/01)