

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

FILED

DOCUMENT # A01000001246

1. Entity Name

John D. Osher Limited Partnership #3, LLLP



03 MAR 24 PM 1:15

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

13134 Redon Drive

3. Mailing Address

13134 Redon Drive

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

65-1148092

Applied For

Not Applicable

Zip  
33410

Country  
USA

Zip  
33410

Country  
USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

DATE

9. Capital Contributions  
as Shown on record

30,000,000

10. Amount of Capital Contributions  
in FLORIDA to date

25,252,525

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

DOCUMENT #  
NAME

L0100001288

STREET ADDRESS  
CITY-ST-ZIP

JDO Primary Management Enterprises, LLC  
13134 Redon Drive Palm Beach Gardens, FL

STREET ADDRESS

CITY-ST-ZIP

700014550577

DOCUMENT #  
NAME

STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

John D. Osher

03/19/03

Date

Daytime Phone #

561 630 0555

STAPLE CHECK HERE

CR2E003B (12/02)