

2003 LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A01000001523

1. Entity Name
CJ INVESTMENT SERVICES, LTD.



Principal Place of Business
C/O L GAIL MARKHAM
8961 CONFERENCE DRIVE
FT. MYERS FL 33919

Mailing Address
C/O L GAIL MARKHAM
8961 CONFERENCE DRIVE
FT. MYERS FL 33919

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

APPROVED

100

FILED
Mar 13, 2003 8:00 A.M.
Secretary of State



2. Principal Place of Business		3. Mailing Address		DUE BY MAY 1, 2003	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <u>APPLIED FOR</u> <u>02-0605048</u>	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WHITE, DENNIS R C/O DENNIS R. WHITE, P.A. 4099 TAMiami TRAIL NORTH, SUITE 300 NAPLES FL 34103-3548				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

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

DATE

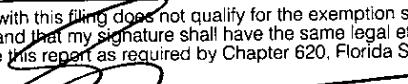
9. Capital Contributions \$50,000,000.00 Incorrect 10. Amount of Capital Contributions in FLORIDA to date. 19,880 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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 #	P01000109583	STREET ADDRESS	
NAME	CJ MANGEMENT SERVICES, INC.	CITY-ST-ZIP	
STREET ADDRESS	8961 CONFERENCE DRIVE		
CITY-ST-ZIP	FT. MYERS FL 33919		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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STREET ADDRESS			
CITY-ST-ZIP			

CR2E003 (10/02)

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/6/03

939-433-5554

Date

Daytime Phone #

SIGNATURE: