

# 2002 UNIFORM BUSINESS REPORT (UBR)

0001690 AB

DOCUMENT # **A01000001540**

1. Entity Name

**COMPBK JTS LTD. LLLP**

Principal Place of Business

Mailing Address

**200 N. LAURA STREET  
JACKSONVILLE FL 32202**

**200 N. LAURA STREET  
JACKSONVILLE FL 32202**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**DUE BY SEPTEMBER 25, 2002**

4. FEI Number

**04-3596177**

Applied For

Not Applicable

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

**F&L CORP.  
200 N. LAURA STREET  
JACKSONVILLE FL 32202**

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 as Shown on record.

**\$1.00**

10. Amount of Capital Contributions in FLORIDA to date.

**\$7,000**

11. MAKE CHECK PAYABLE TO 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  
STREET ADDRESS  
CITY-ST-ZIP  
**SEFTON, JOHN T  
200 N. LAURA STREET  
JACKSONVILLE FL 32202**

STREET ADDRESS

CITY-ST-ZIP

**800008123808--3  
-10/01/02--01006--007  
\*\*\*\*193.75 \*\*\*\*141.27**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**800008123808--3  
-10/01/02--01006--007  
\*\*\*\*193.75 \*\*\*\*141.25**

DOCUMENT #  
NAME  
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CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**BK FF \$541.25**

DOCUMENT #  
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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

Date

Daytime Phone #

**9/5/02**

**904 359 8716**

CR2E003 (4/02)

BRUSSELS  
CHICAGO  
DENVER  
DETROIT  
JACKSONVILLE  
LOS ANGELES  
MADISON  
MILWAUKEE  
ORLANDO  
SACRAMENTO  
SAN DIEGO/DEL MAR  
SAN FRANCISCO  
TALLAHASSEE  
TAMPA  
WASHINGTON, D.C.  
WEST PALM BEACH

**A01000001540**

FOLEY & LARDNER  
ATTORNEYS AT LAW

September 6, 2002

Florida Secretary of State  
Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

FILED  
02 SEP 30 AM 9:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Re: Filing Limited Partnership Uniform Business Reports

Dear Sir or Madam:

I enclose two Uniform Business Reports for the following entities:

COMPBNK JTS LTD. LLLP  
FLABNK JTS LLP

BK

I am also enclosing the filing fees for all these entities combined in the amount of \$282.50.

I could not find any record of receiving the initial Uniform Business Report from you. I therefore feel the imposition of the \$400 late fee for filing after May 1, 2002 is inappropriate.

Very truly yours,

John T. Sefton

JTS/sb  
Enclosures

FOLEY & LARDNER  
THE GREENLEAF BUILDING  
200 LAURA STREET  
JACKSONVILLE, FLORIDA 32202-3510  
P. O. BOX 240  
JACKSONVILLE, FLORIDA 32201-0240

WRITER'S DIRECT LINE  
904.359.8716

EMAIL ADDRESS  
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CLIENT/MATTER NUMBER  
013698-0106

004.337099.1

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