

# 2003 LIMITED PARTNERSHIP UNIFORM-BUSINESS REPORT (UBR)

FILED

03 APR -7 AM 4:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0013571 AT

DOCUMENT # A01000001650

1. Entity Name  
JHP REAL ESTATE PARTNERSHIP, LTD.



Principal Place of Business  
9205 NORTH CONNECHUSETT ROAD  
TAMPA FL 33617

Mailing Address  
9205 NORTH CONNECHUSETT ROAD  
TAMPA FL 33617



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2003

4. FEI Number APPLIED FOR  
80-0043679

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

JHP MANAGEMENT, INC.  
9205 NORTH CONNECHUSETT ROAD  
TAMPA FL 33617

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 Michael Gromling Pres. JHP Management, Inc.

2/19/03

9. Capital Contributions as Shown on record. \$1,027,500.00

10. Amount of Capital Contributions in FLORIDA to date. \$1,022,700

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 # P01000116665  
NAME JHP MANAGEMENT, INC.  
STREET ADDRESS 9205 NORTH CONNECHUSETT ROAD  
CITY-ST-ZIP TAMPA FL 33617

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
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CITY-ST-ZIP

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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: Michael Gromling Pres. JHP Management, Inc. 2/19/03 (813) 988-9171

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)