

**LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (119.07(3)(i))**

DOCUMENT # A01000001687

1. Entity Name

DBJMET LIMITED PARTNERS

DO NOT WRITE IN THIS SPACE

FILED

02 MAY 13 PM 2:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DUE BY MAY 1

**DO NOT WRITE
IN THIS SPACE**

2. Principal Place of Business 1290 Weston Road Suite, Apt. #, etc. 314 City & State Weston, Florida		3. Mailing Address Suite, Apt. #, etc. City & State Zip 33326 Country USA		4. FEI Number 69-0005504	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			

7. Name and Address of Current Registered Agent

Name
ARNOLD M. STRAUS, JR., ESQ.

Street Address (P.O. Box Number is Not Acceptable)
1290 Weston Road, Suite 314

City
Weston

FL

Zip Code
33326

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.

DATE

9. Capital Contributions as Shown on record. \$400.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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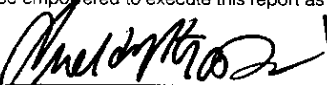
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	Enterprise Title, III, Inc. 1290 Weston Road, Suite 314 Weston, Florida 33326	STREET ADDRESS CITY-ST-ZIP
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CR2E003B (12/01)

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:  VP gen partner ARNOLD M. STRAUS, 4/13/02 (954) 349-9400