


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0012995 AT

DOCUMENT # A02000000032	
1. Entity Name JAPV, LTD.	

FILED

03 JUN -5 AM 8 00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 1630 S. CONGRESS AVENUE, SUITE 201 PALM SPRINGS FL 33461	Mailing Address 1630 S. CONGRESS AVENUE, SUITE 201 PALM SPRINGS FL 33461
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

DUE BY MAY 1, 2003	
4. FEI Number 65-0947910	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
JAPV, INC. 1630 S. CONGRESS AVENUE, SUITE 201 PALM SPRINGS FL 33461

7. Name and Address of New Registered Agent
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$12,500.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. 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 #	P0000109457
NAME	JAPV, INC.
STREET ADDRESS	1630 S. CONGRESS AVENUE, SUITE 201
CITY-ST-ZIP	PALM SPRINGS FL 33461
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
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CITY-ST-ZIP	

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05/02/03 01110 022 **176.25

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 4-28-03 561 432-1994
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE