

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A02000000249

1. Entity Name
JLF FAMILY PARTNERSHIP, LTD.



FILED

03 APR 10 PM 3:02

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
200 SOUTH BISCAYNE BLVD.
SUITE #3800
MIAMI FL 33131

Mailing Address
200 SOUTH BISCAYNE BLVD.
SUITE #3800
MIAMI FL 33131

2. Principal Place of Business
4000 Ponce de Leon Blvd.

3. Mailing Address
4000 Ponce de Leon Blvd.

Suite, Apt. #, etc.
Suite 700

Suite, Apt. #, etc.
Suite 700

City & State
Coral Gables, FL

City & State
Coral Gables, FL

4. FEI Number
52-2077785

Applied For
Not Applicable

Zip
33146

Country
U.S.A.

Zip
33146

Country
U.S.A.

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KTG&S REGISTERED AGENT CORPORATION
100 S.E. 2ND STREET
28TH FLOOR
MIAMI FL 33131

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

DATE

9. Capital Contributions
as Shown on record. \$100.00

10. Amount of Capital Contributions
in FLORIDA to date. \$5,427,500.00

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

DOCUMENT # L01000019300
NAME JLF GENERAL PARTNER, LLC
STREET ADDRESS 200 SOUTH BISCAYNE BLVD., SUITE #3800
CITY-ST-ZIP MIAMI FL 33131

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CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS 4000 Ponce de Leon Blvd., Suite 700
CITY-ST-ZIP Coral Gables, FL 33146

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

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 James L. Ferraro

4-4-03

(305) 375-0111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

0001280 AV

CR2E003 (10/02)