

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # **A02000001052**



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

8/19

03 JUL 31 PM 2:24

1. Entity Name
JWH FAMILY PARTNERSHIP, LTD.

Principal Place of Business
**1000 U.S. HIGHWAY 1 NORTH, #762
JUPITER FL 33477**

Mailing Address
**1000 U.S. HIGHWAY 1 NORTH, #762
JUPITER FL 33477**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number
05-0537953

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

**NORMAN, KENNETH A
2400 S.E. FEDERAL HWY., FOURTH FLOOR
STUART FL 34994**

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. **\$100,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**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 # **P02000077809**
NAME **JWH MANAGEMENT, INC.**
STREET ADDRESS **1000 U.S. HIGHWAY 1 NORTH, #762**
CITY-ST-ZIP **JUPITER FL 33477**

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP
**400018298254
05/06/03-01078-001 **437.50**

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**400018298254
07/31/03-01033-008 **266.25**

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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 **JWH Management, Inc.** **JAMES W. HALL** 4-30-03 561 436 6952
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)

PLEASE CHECK HERE