

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A02000001384**

1. Entity Name  
**JSM INVESTMENT OPPORTUNITIES, LIMITED PARTNERSHIP**  
**P**



Principal Place of Business  
**400 BATH CLUB BLVD. S.**  
**NORTH REDINGTON FL 33708**

Mailing Address  
**400 BATH CLUB BLVD. S.**  
**NORTH REDINGTON FL 33708**

FILED

2003 MAY -8 AM 11:25

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**03-0486586**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**MCWHORTER, J. STEVEN**  
**400 BATH CLUB BLVD. S.**  
**NORTH REDINGTON FL 33708**

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.

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 # **L02000027314**  
NAME **JSM INVESTMENT MANAGEMENT, LLC**  
STREET ADDRESS **400 BATH CLUB BLVD. S.**  
CITY-ST-ZIP **NORTH REDINGTON FL 33708**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

**100016104421**  
**05/08/03--01007--006 \*\*\$0.00**

STREET ADDRESS

CITY-ST-ZIP

**100016104421**  
**04/16/03--01025--017 \*\*100.00**

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Daytime Phone #

CP2E003 (10/02)

0013817 AT