

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

102

**FILED**  
**Nov 17, 2003 8:00 A.M.**  
**Secretary of State**

**LIMITED  
 PARTNERSHIP  
 REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT #** A02000001566

**1. Name of Limited Partnership**

JG PARTNERS, LLLP

900025083089  
 11/26/03--01071--002 \*\*526.25

<b>2. Principal Office Address</b> 134 Rosales Court Suite, Apt. #, etc.		<b>3. Mailing Office Address</b> 134 Rosales Court Suite, Apt. #, etc.		<b>4. Date Formed or Registered To Do Business in Florida</b> 11/26/2002			
City & State Miami, FL		City & State Miami, FL		<b>5. FEI Number</b> 42-2561980			
Zip 33143	Country U.S.A.	Zip 33143	Country U.S.A.	<table border="1"> <tr> <td><b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/></td> <td><b>\$8.75 Additional Fee required for a Certificate of Status</b></td> </tr> </table>		<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee required for a Certificate of Status</b>
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<b>7a. Capital Contributions as shown on Record:</b> 600,000				<b>7b. Amount of Capital Contributions in FLORIDA to date:</b> 600,000			

**8. Name and Address of Current Registered Agent**

<b>Name</b> JG PARTNERS LLC			
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 134 Rosales Court			
Suite, Apt. #, Etc.			
City Miami	State FL	Zip Code 33143	

**FEES:**  
 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.  
 2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year.  
 3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent.  
 Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

**9.** Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

10. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	10a. Registration Document Number
JG Partners, LLC	134 Rosales Court	Miami, FL 33143	L02000016666

**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

**11.** I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

DATE

Typed or Printed Name of General Partner Signing Form JG Partners, LLC, by Jacqueline D. Telephone Number C/o 561-626-2101

Green, President

CR2E039 (10/02)

2 of 2

**JG Partners, LLLP**  
**134 Rosales Court**  
**Miami, FL 33143**

**FILED**  
**2003 NOV 12 PM 4:23**  
**DIVISION OF CORPORATIONS**  
**TALLAHASSEE, FLORIDA**

October 29, 2003

Department of State  
Registration Section  
Division of Corporation  
P.O. Box 6327  
Tallahassee, Florida 32314

**Re: JG Partners, LLLP**

Dear Sir or Madam:

Please be advised that we never received the first or second mailings of the annual report. We therefore request that you waive all late fees. Please make sure our address is correctly reflected in your records.

Pursuant to instructions from your office, we have enclosed the reinstatement application with a check in the amount of \$526.25 representing the filing fees for the limited partnership. Thank you.

Sincerely,



Jacqueline D. Green

Enclosures as Stated