

LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A02000001596

1. Entity Name

RED JAG LIMITED PARTNERSHIP



FILED

2003 MAR 14 AM 8:46

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

500014098905
03/14/03--01099--030 **171.00

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3824 SE DIXIE HWY

3. Mailing Address

PO Box 1126

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1

City & State

STUART FL

City & State

PT SALERNO FL

4. FEI Number

81-0586027

Applied For

Not Applicable

Zip

34997

Country

MARTIN

Zip

34992

Country

MARTIN

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

RL Reid

Street Address (P.O. Box Number is Not Acceptable)

3824 SE DIXIE HWY

City

STUART

FL

Zip Code

34997

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]

03/10/03

Signature, typed or printed name of registered agent and fee if applicable

DATE

9. Capital Contributions
as Shown on record.

7,500.00

10. Amount of Capital Contributions
in FLORIDA to date.

7,500.00

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 #
NAME
STREET ADDRESS
CITY-ST-ZIP
CONCEPT COMPANIES, LLC
3824 SE DIXIE HWY
STUART FL 34997

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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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]
Signature and typed or printed name of signing general partner

Date

Daytime Phone #

03/10/03 772 220 4800

CR2E003B (12/02)

STAPLE CHECK HERE