		4			1			£ 55
DOCUMENT # A06391 1. Entity Name					FIL	ED		÷.
JAC PRO	OPERTIES, LTD			01	SECKETARY VISION.OF CO 	ED OF STATE DRPORATIONS		
Principal Place of Business 404 W. LANTANA RD. LANTANA FL 33462 Mailing Address 404 W. LANTANA RD. LANTANA FL 33462-1736				0	O APR 25	AM 3: 05 —	y	
Principal Place of Business 3. Mailing Address							•	
Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State		City & State			4. FEI Number	59-1858478	Applied For Not Applica	
		Zip				f Status Desired	\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				Name	7. Name and A	Address of New Registered	Agent	- .
CAPPELLA, JOSEPH A				Street Address (P.O. Box Number is Not Acceptable)				
404 W. LANTANA RD.								
LANTANA FL 33462				City	FL Zip Code			
8. The above	named entity submits this statement for	r the purpose of changing its	register	ed office or register	ed agent, or both,			
SIGNATURE .								
	Signature, typed or printed name of registered agent a			ed Agent signature required	when reinstating)	11. MAKE CHECK PAYABLE	TO DEPT OF STATE	
9. Capital Contributions as Shown on record. \$30,000.00 in FLORIDA to date					FOED AND AC	SEE REVERSE SIDE FO	R 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					ADDRESS CHANGES ONLY			
DOCUMENT# NAME	CAPPELLA, JOSEPH A			EET ADDRESS				
STREET ADDRESS CITY-ST-ZIP	404 W. LANTANA RD LANTANA FL			/-ST-ZIP		10003264	001	R2 5003 (9/19)
DOCUMENT# NAME				EET ADORESS	-05/24/0001040006 			
STREET ADDRESS CITY+ST-ZIP				(-ST-ZIP		******CJD. IJ		
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STREET ADDRESS CITY-ST-ZIP			CITY	/-ST-ZIP			<u>. </u>	
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STREET ADDRESS CITY-ST-ZIP	· ,		CITY	r-SF-ZBP	, "		٤	
DOQUMENT# NAME			STR	HET ADDRESS			í	
STREET ADDRESS CITY-ST-ZIP	·			/-ST-ZIP			· · · · · · · · · · · · · · · · · · ·	
indicated	pertify that the information supplied with on this report is true and accurate and yer or trustee empoyered to execute thi	that my signature shall have	the sam	ie legal effect as if m	ection 119.07(3)(i) nade under oath; i	, Florida Statutes, I further ce that i am a General Partner o	rtify that the information f the limited partnershi	p or

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING QUEEN PARTNER

178: 21 2000 S61-585-5512

Date Daytime Phone #