2001 UNIFORM BUSINESS REPORT (UBI	2001	UNIFORM	BUSINESS	REPORT	(UBR
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DOCL	JMENT # A0749!	E					
1. Entity Na	7 10 1 10)		0			
J-M PRO	operties III, Ltd.	FILED					
Principal Pla	ce of Business	Mailing Address	•	01 MAR 23 AM 10: 49 . U			
1834 HERMITA SUITE 201	AGE BLVD.	1834 HERMITAGE BLVD. SUITE 201		ar orate			
TALLAHASSEE	E FL 32308	TALLAHASSEE FL 32308		TALUARE, STATE OF THE PARTY OF			
2. Principal	Place of Business	3. Mailing Address					
			ointe 1	DO NOT WRITE IN THIS SPACE			
Suite City & Sta		Suite 101 City & State					
Tallah	assee, FI	Tallahassee	FL	59-1986986 Not Applicable			
32308	Country U.S.A.	· · ·	Country U.S.A.	5. Certificate of Status Desired			
	6. Name and Address of Current R	egistered Agent	Name	7. Name and Address of New Registered Agent			
MOTTICE,			Street A	Address (P.O. Box Number is Not Acceptable) 9 Centre Pointe Blvd			
	IMITAGE BLVD., SUITE 201 SSEE FL 32308			te 101			
		•					
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.							
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
9. Capital Contributions as Shown on record. 10. Amount of Capital Contributions in FLORIDA to date. 11. MAKE CHECK PAYABLE TO 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	NFORMATION	13.	ADDRESS CHANGES ONLY			
NAME	L14934 FYNE, INC.	1	STREET ADDRESS	2019 Centre Pointe Blvd. Suite 101			
STREET ADDRESS CITY-ST-ZIP	1834 HERMITAGE BLVD., SUITE 20 TALLAHASSEE FL	11	CITY-ST-ZIP	Tallahassee FL 32308			
DOCUMENT # NAME			STREET ADDRESS				
STREET ADDRESS CITY-ST-ZIP		Ì	CITY-ST-ZIP	1000029215915			
DOCUMENT # NAME			STREET ADDRESS	-03/30/0101063022 ****526.25 ****526.25			
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP				
DOCUMENT # NAME			STREET ADDRESS				
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP				
DOCUMENT #			STREET ADDRESS				
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP				
DOCUMENT #			STREET ADDRESS				
STREET ADDRESS CITY-ST-ZIP		ĺ	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 Date Dayling Phone #							