


# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0006771 AT

**DOCUMENT # A07495**

1. Entity Name  
**J-M PROPERTIES III, LTD.**



**FILED**  
03 APR -2 AM 10:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**2019 CENTRE POINTE BLVD., STE. 101  
TALLAHASSEE FL 32308**

Mailing Address  
**2019 CENTRE POINTE BLVD., STE. 101  
TALLAHASSEE FL 32308**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**DUE BY MAY 1, 2003**

4. FEI Number **59-1986986**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

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

**MOTTICE, H. JAY**  
**2019 CENTRE POINTE BLVD., STE. 101**  
**TALLAHASSEE FL 32308**

**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.

*All capital contributions have been returned to partners*

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. **\$128,037.00**  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 # NAME STREET ADDRESS CITY-ST-ZIP	<b>L14934 FYNE, INC. 2019 CENTRE POINTE BLVD., STE. 101 TALLAHASSEE FL 32308</b>
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	<b>800015048128</b>
CITY-ST-ZIP	<b>04/02/03--01008--019 **141.25</b>
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 OF PRESIDENT J. J. FYNE, INC.* **2/26/03** **850-386-2117**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)

SAMPLE CHECK HERE