


# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0001477 AN

**DOCUMENT # A13733**

1. Entity Name  
**JM ASSOCIATES, LTD.**



**FILED**  
03 APR 16 AM 7:12  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**MJJH**

Principal Place of Business  
**% KATZ, BARRON, SOUTERO, ET AL  
2699 S. BAYSHORE DR., 7TH FLOOR  
MIAMI FL 33133**

Mailing Address  
**% KATZ, BARRON, SOUTERO, ET AL  
2699 S. BAYSHORE DR., 7TH FLOOR  
MIAMI FL 33133**



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

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

**4. FEI Number 59-2549648**

Applied For  
 Not Applicable

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

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

**CORPCO, INC.  
2699 S BAYSHORE DR. 7TH FLOOR  
MIAMI FL 33133**

**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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$8,273,000.00**

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>FARBER, LEONARD L.</b>	<b>450 E. LAS OLAS BLVD. #880</b>	<b>FT. LAUDERDALE FL 33301</b>
DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP
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**13. ADDRESS CHANGES ONLY**

STREET ADDRESS	CITY - ST - ZIP
	<b>700016109417</b>
	<b>04/16/03--01039--011 **526.25</b>
STREET ADDRESS	CITY - ST - ZIP
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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:** *Leonard L. Farber* **SIGNATURE REQUIRED** *4/2/03*

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

STAPLE CHECK HERE

CR2E003 (10/02)