


# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0006606 AT

**DOCUMENT # A15836**

1. Entity Name  
**LAKE JACKSON TRADING POST, LTD.**



**FILED**  
03 MAY -5 PM 7:05  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**MJM**

Principal Place of Business  
**6215 WILSON BLVD.  
JACKSONVILLE FL 32210**

Mailing Address  
**P.O. BOX 7779  
JACKSONVILLE FL 32238**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

**DUE BY MAY 1, 2003**

4. FEI Number **59-3040961**

Applied For  Not Applicable

City & State

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

Zip Country

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

**BURPEE, A.L. JR.  
6215 WILSON BLVD.  
JACKSONVILLE FL 32210**

**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. **\$980.00**

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>110319 FLORIDA TITLE GROUP, INC 6215 WILSON BLVD. JACKSONVILLE FL 32210</b>
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS CITY-ST-ZIP	<b>100610008264 05/05/03--01064--017 **141.25</b>
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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:**  **A.L. Burpee, Jr.** **4-30-03** **904-778-1888**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

CR2E003 (10/02)