

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A17306

1. Entity Name
JONES WALKER PALM GARDENS ASSOCIATES, LTD.



FILED

03 MAY -6 PM 7:21

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

Principal Place of Business
818 W BROOKS AVE
NORTH LAS VEGAS NV 89030

Mailing Address
818 W BROOKS AVE
NORTH LAS VEGAS NV 89030



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number 59-2312972

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAYHOOD, LYNN
9951 ATLANTIC BLVD
SUITE 440
JACKSONVILLE FL 32225

Name

Green Dotson

Street Address (P.O. Box Number is Not Acceptable)

3700 Lowry Court

City

Tampa

FL

Zip Code

33610

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 GREEN DOTSON
Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record. \$65,000.00

10. Amount of Capital Contributions in FLORIDA to date. \$0.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME BIRD, ALLAN S.
STREET ADDRESS 818 W BROOKS AVE
CITY-ST-ZIP NORTH LAS VEGAS NV 89030

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # P22683
NAME MYAL PARTNERSHIP MANAGEMENT SERVICES, INC.
STREET ADDRESS 818 W BROOKS AVE
CITY-ST-ZIP NORTH LAS VEGAS NV 89030

STREET ADDRESS

CITY-ST-ZIP

100018031121
05/05/03-01016-002 **150.00

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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

(702) 313-3700

CR2E003 (10/02)

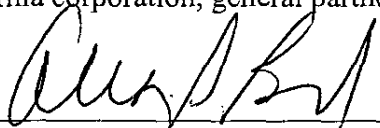
2 of 2

Signature Block:

Jones Walker Palm Gardens Associates, Ltd.,
a Georgia general partnership,

By: MYAL Partnership Management Services, Inc.,
a California corporation, general partner

By:


Allan S. Bird, President