

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 02, 2000 08:00 AM
Secretary of State

DOCUMENT # A17410

1. Entity Name
JMS I, LTD.

Principal Place of Business

400 E. SOUTH ST.
SUITE 500
ORLANDO
32801

FL

Mailing Address

400 E. SOUTH ST.
SUITE 500
ORLANDO
32801

FL

2. Principal Place of Business

450 S. ORANGE AVENUE

3. Mailing Address

450 S. ORANGE AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ORLANDO

FL

City & State

ORLANDO

FL

Zip

32801

Country

Zip

32801

Country

4. FEI Number

59-2514760

Applied For

Not Applicable

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

BOURNE ROBERT A
400 E. SOUTH ST.
SUITE 500
ORLANDO
32801

FL

US

Name

BOURNE ROBERT A

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

450 S. ORANGE AVENUE

City

ORLANDO

FL

Zip Code
32801

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)

02/02/2000

DATE

9. Capital Contributions

as Shown on record. 411,120.00

10. Amount of Capital Contributions

in FLORIDA to date. 411,120.00

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 INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME BOURNE ROBERT A
STREET ADDRESS 400 E. SOUTH ST. #500
CITY-ST-ZIP ORLANDO FL

STREET ADDRESS 450 S. ORANGE AVENUE
CITY-ST-ZIP ORLANDO FL 32801

DOCUMENT #
NAME SENEFF JAMES M
STREET ADDRESS 400 E. SOUTH ST. #500
CITY-ST-ZIP ORLANDO FL

STREET ADDRESS 450 S. ORANGE AVENUE
CITY-ST-ZIP ORLANDO FL 32801

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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: ROBERT A. BOURNE

02/02/2000