

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A19785

1. Entity Name

FJS PROPERTIES FUND I, L.P., LIMITED PARTNERSHIP

FILED

02 SEP 27 AM 10:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

401 EXECUTIVE CENTER DR.
WEST PALM BEACH FL 33401

Mailing Address

401 EXECUTIVE CENTER DR.
WEST PALM BEACH FL 33401

2. Principal Place of Business

3. Mailing Address

2600 E. COMMERCIAL BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

200

City & State

FT. LAUDERDALE FL

Zip

Country

33308

Country

U.S.A

DUE BY SEPTEMBER 25, 2002

4. FEI Number 13-3252067

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

REGISTERED AGENTS OF FLORIDA, LLC

100 SOUTHEAST SECOND STREET, SUITE 3500
MIAMI FL 33131-2130

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

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

DATE

9. Capital Contributions
as Shown on record.

\$8,391,500.00

10. Amount of Capital Contributions
in FLORIDA to date.

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 # P40997
NAME FJS PROPERTIES, INC.
STREET ADDRESS 264 ROUTE 537 EAST
CITY-ST-ZIP COLTS NECK NJ 07722

STREET ADDRESS

500008210125--9

CITY-ST-ZIP

10/04/02 01051-031

****550.00 ****550.00

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

500008210125--9

10/04/02 01051-032

****376.25 ****376.25

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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

09.05.02

9547491-4511

Date

Daytime Phone #

CR2E003 (4/02)