

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0014719 AT

DOCUMENT # **A26354**



1. Entity Name  
**LJT FAMILY LIMITED PARTNERSHIP**

MMJH

**FILED**

**03 APR 17 AM 7:28**

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business  
**P.O. BOX 231  
LAKE WALES FL 33853**

Mailing Address  
**P.O. BOX 231  
LAKE WALES FL 33853**



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 **59-2886330**

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

**UPDIKE, LAWRENCE C.  
68 MAMMOTH GROVE ROAD  
LAKE WALES FL 33853**

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.

**400016220484**  
**04/17/03--01060--015 \*\*526.25**

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

DATE

9. Capital Contributions as Shown on record. **\$990,000.00**

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **144781**  
NAME **U & H CITRUS PROPERTIES, INC.**  
STREET ADDRESS **68 MAMMOTH GROVE ROAD**  
CITY-ST-ZIP **LAKE WALES FL**

STREET ADDRESS

CITY-ST-ZIP

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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: \_\_\_\_\_

**Lawrence C. Updike, Sec/Trs**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

863-696-1487

Date

Daytime Phone #

CR2E003 (10/02)