

2001 UNIFORM BUSINESS REPORT (UBR)

0018321 AF

DOCUMENT # **A28699**

1. Entity Name

JACKSON SQUARE LIMITED PARTNERSHIP

Principal Place of Business

**C/O CARNEGIE COMPANIES
10 BROADWAY AVENUE
BEDFORD OH 44146**

Mailing Address

**C/O CARNEGIE COMPANIES
10 BROADWAY AVENUE
BEDFORD OH 44146**

FILED
01 APR 10 AM 9:58

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



2. Principal Place of Business

**6190 COCHRAN RD
SUITE A,
SOLON OHIO
44139 USA**

3. Mailing Address

**6190 COCHRAN RD,
SUITE A,
SOLON OHIO
44139 USA**

DO NOT WRITE IN THIS SPACE

4. FEI Number

34-1628787

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PESSER, MARVIN
6430 VIA ROSA
BOCA RATON, FL. FL 33433**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$350,000.00

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

DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	PESSER, PAUL	10 BROADWAY AVENUE	BEDFORD OH 44146
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
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DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	600004014056--2 -04/17/01--01101--012 ****526.25 ****526.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)