2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # A29161						APPROVEL AND FILED			
1. Entity Name									
James Gail Ltd						01 MAY -2 AM 9:30			
Principal Place of Business Mailing Address						SECRETARY OF STATE TABLAHASSEE, FLORIDA			
	. Oakland Park Bl	.vd #202 Sa	ıme			Meeniniooe			
Ft. La	uderdale Fl 33321	P: Place		ipal : Bus					
2. Principal Place of Business 3. Mailing Address			<u></u>						
Suite, Apt.	. #, etc.	200 Cadiz Ct- Suile, Apl. #, etc. Merritt Island Fl		ب	DO NOT WRITE IN THIS SPACE				
City & Stat	te	City & State		<u> </u>	4. FEI Number Applied For				
Zip	Country	32953 Zip Cou		try		54882	\$8.75	Not Applicable Additional	
	6. Name and Address of Curren	rent Registered Agent			5. Certificate of Status Desired XX Fee Required 7. Name and Address of New Registered Agent				
				Name					
Duncan David J 8890 W. Oakland Park Blvd Suite 202				Street Address (P.O. Box Number is Not Acceptable)					
				<u>200</u> Cac	112_Ct				
Sunrise	e Fl 33351			City	· · · · _ ·	F		Code	
8. The above	named entity submit this statement f	or the purpose of changing is) egistere		itt Islan ered agent, or both,	in the State of Florida.	3.4	953	
	Mai	er f Ne	in	ucas.	;				
SIGNATURE .	Signature, typed or printed name of registered agen			d Agent signature require	4-30 ad when reinstating)	-01			
9. Capital Co as Shown		10. Amount of Capita in FLORIDA to da	•	outions	חח	11. MAKE CHECK PAYAB SEE REVERSE SIDE			
	A GENERAL PARTNER	THAT IS A BUSINESS ENT	ITY M	UST BE REGIS	TERED AND AC	TIVE WITH THIS OFFIC	CE. artner.		
12.	NOTE: General Partners MAY NOT be changed on the GENERAL PARTNER INFORMATION					ADDRESS CHANGES O			
DOCUMENT # NAME	 Duncan David J 8890 W. Oakland Park Blvd #202		STRE		200 Cadiz Ct				
STREET ADDRESS			CUY-SI-ZIP						
CITY-ST-ZIP	Ft. Lauderdale,				erritt Island Fl 32953				
NAME	Duncan Nancy G			ET ADDRESS	00 Cadiz	0 Cadiz Ct			
STREET ADDRESS CITY-ST-ZIP	8890 W. Oakland Park Blvd #202 Ft. Lauderdale Fl			ST-ZIP Me	erritt Island Fl 32953				
DOCUMENT # NAME				TREET ADDRESS					
STREET ADDRESS		·	сіту-	.ST-ZIP					
CITY-ST-ZIP DOCUMENT #									
NAME			STREE	ET ADDRE\$S		00000428 			
STREET ADDRESS CITY-ST-ZIP			CITY-	ST-ZIP		***460.3	2 * **	*460.32	
DOCUMENT #		···· ;	STREE	et address					
NAME STREET ADDRESS			CITY-	ST-ZIP					
CITY-ST-ZIP							- <u></u>		
NAME 4			STREE	ET ADDRESS					
STREET ADDRESS CITY-ST-ZIP			CITY-	ST-ZIP					
)	
14 barabu a	sertify that the information supplied with on this report is true and accurate and er or trustee empowered to execute th	n this filing does not qualify for I that my signature thall have th is report as required by Chapte	ne exer ∋ same 1620,1	legal effect as it r	made under bath: tr	Florida Statutes. I further contact I am a General Partner of 321–44	or the infille	o parmers up or j	