STAPLE CHECK HERE

SIGNATURE:

DOCUMENT # A30457 1. Entity Name					FILED			
JBL PROPERTIES, LTD.					02 MAR 25 PM 12: 31			
Principal Place of Business Mailing Address PO BOX 161506 PO BOX 161506 MOBILE AL 36616-2506 MOBILE AL 36616-2506				Ī	SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business 3. Mailing Address								
Suite, Apt. #, etc. Suite, Apt. #, etc.					DUE BY MAY 1, 2002			
City & State City & State					4. FEI Number	63-1025857	Applied For Not Applicable	
Zip Country Zip		Zip	Country 5. Certificate of Status Desired [8.75 Additional se Required		
	6. Name and Address of Current	7. Name and Address of New Registered Agent						
MELVIN, JACKIE P				Name				
356 W. NINE MILE ROAD				Street Address (P.O. Box Number is Not Acceptable)				
PENSACOLA FL 32534								
				City		FL	Zip Code	
8. The above	named entity submits this statement for	the purpose of changing its	register	ed office or registere	ed agent, or both,	in the State of Florida.		
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable.				DATE		
9. Capital Contributions as Shown on record. \$63,000.00 In FLORIDA to date.				butions	sutions 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION			
	A GENERAL PARTNER T NOTE: General Partners MA						ner-	
12.	GENERAL PARTNER		13.	, ult dilletialise		ADDRESS CHANGES ONLY		
DOCUMENT #	P30422		STRE	ET ADDRESS			(<u>6</u>)	
NAME STREET ADORESS CITY-ST-ZIP	JSBA, INC. 3800 AIRPORT BLVD. STE.200 MOBILE AL 36608		á	-ST-ZIP		······································	CR2E003 (9/01)	
DOCUMENT ≠ NAME	P30423 B. BRUCE WORLEY INC.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	STRE	ET ADDRESS		,_ -	- B	
STREET ADDRESS CITY-ST-ZIP	3800 AIRPORT BLVD. STE.200 MOBILE AL 33608		CITY	-ST-ZIP				
DOCUMENT # NAME	P30421 ELLIS LORD, INC.		STRE	ET ADDRESS	70	000051809	C	
STREET ADDRESS CITY-ST-ZIP	3800 AIRPORT BLVD. STE.200 MOBILE AL 33608		CITY	-ST-ZIP		<u> </u>	093013 ****526.25	
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DOCUMENT # NAME			STRE	ET ADDRESS				
STREET ADDRESS CITY-ST-ZIP			H	-ST-ZIP				
14. I hereby of indicated the receiv	certify that the information supplied with on this report is true and accurate and ver or trustee empowered to execute this	this filing does not qualify for that my signature shall have the s report as required by Chapte	the exer ne same er 620,	mption stated in Sec legal effect as if m Florida Statutes	ction 119.07(3)(i), ade under oath; ti	Florida Statutes. I further certify hat I am a General Partner of the	that the information e limited partnership or	

3-22-02 (251) 343-8/98
Date Dayling Phone #