

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A30698**

1. Entity Name

JM INVESTMENT PROPERTIES, LTD.

FILED

00 FEB -4 PM 2: 25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

C/O CHRISTOPHER MASON
1338 SW IVANHOE BLVD.
ORLANDO FL 32804
US

Mailing Address

C/O CHRISTOPHER MASON
P.O. BOX 547549
ORLANDO FL 32854-7549

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3033946

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

**WILKINS, ROBERT C JR.
230 LOOKOUT PLACE
MAITLAND FL 32794**

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.

\$3,650,000.00

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 # **P96000100196**
NAME **CCM MANAGEMENT, INC.**
STREET ADDRESS **1338 SW IVANHOE BLVD**
CITY - ST - ZIP **ORLANDO FL 32804**

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

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STREET ADDRESS

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CITY - ST - ZIP

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*******535.00 *****535.00**

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:

Christopher Mason
REDAIDED Mason

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

1/8/00 407-423-2552