2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

000137B2 AT

DOCUMENT # A31674

1. Entity Name
JOHN-MARY ENTERPRISES, LTD.

FILED
03 APR 30 AM 11:03
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business	Mailing Address
14524 N. ROME AVE. TAMPA FL 33612	P.O. BOX 17072 TAMPA FL 33682

4/30

DUE BY MAY 1, 2003

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 59-3071948 ☐ 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
GRECO, JOHN 14524 NORTH ROME AVENUE TAMPA FL 33612	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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$10,908,928.80		

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 # NAME: GRECO, JOHN STREET ADDRESS: 14524 NORTH ROME AVENUE CITY-ST-ZIP: TAMPA FL 33612	STREET ADDRESS CITY-ST-ZIP: 04/30/03--01098--012 **526.25
DOCUMENT # NAME: GRECO, MARY STREET ADDRESS: 14524 NORTH ROME AVENUE CITY-ST-ZIP: TAMPA FL 33612	STREET ADDRESS: 800017609278 04/30/03--01098--012 **526.25 CITY-ST-ZIP
DOCUMENT # NAME: CASTRO, MARY JOSEPHINE STREET ADDRESS: 14704 LAKE MAGDALENE CIRCLE CITY-ST-ZIP: TAMPA FL 33613	STREET ADDRESS CITY-ST-ZIP
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CR2E003 (10/02)

STAPLE CHECK HERE

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: Mary T. Castro REQUIRED 4-24-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #