

2001 UNIFORM BUSINESS REPORT (UBR)

0012 \$8 AF

DOCUMENT # A33095

1. Entity Name

JENNEY PROPERTIES, LTD.

FILED

Principal Place of Business

655 CIDCO ROAD
COCOA FL 32926

Mailing Address

655 CIDCO ROAD
COCOA FL 32926

01 JAN 12 PM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3128471**

Applied For
Not Applicable

Zip Country

Zip Country

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

JENNEY, ALFRED P.
655 CIDCO ROAD
COCOA FL 32926

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. **\$7,500.00**

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

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME **JENNEY, ALFRED P.**
STREET ADDRESS **3404 N. INDIAN RIVER DR.**
CITY-ST-ZIP **COCOA FL**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME **JENNEY, CAROL J.**
STREET ADDRESS **3404 N. INDIAN RIVER DR.**
CITY-ST-ZIP **COCOA FL**

STREET ADDRESS

CITY-ST-ZIP

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01/26/01 01035 016
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/09/01

Date

Daytime Phone #

CR2E003 (11/00)