

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A33311**

1. Entity Name

JACKSONVILLE PROPERTIES ASSOCIATES LIMITED PARTN

Principal Place of Business
**7900 MIAMI LAKES DRIVE WEST
MIAMI LAKES FL 33016-5897**

Mailing Address
**7900 MIAMI LAKES DRIVE WEST
MIAMI LAKES FL 33016-5816**

FILED

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0349842		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent

**BRAFMAN, HOWARD J.
7900 MIAMI LAKES DRIVE WEST
MIAMI LAKES FL 33016-5897**

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. \$750,000.00	10. Amount of Capital Contributions in FLORIDA to date. \$750,000.00	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 STREET ADDRESS CITY - ST - ZIP	S68588 KISLAK REALTY EQUITIES, INC. 7900 MIAMI LAKES DRIVE W MIAMI LAKES FL	STREET ADDRESS CITY - ST - ZIP	300003183439--4 -03/24/00--01087--001 ***526.25 ***526.25
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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:  **REQUIRED** **March 13, 2000** (305) 364-4213
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
HOWARD J. BRAFMAN, SENIOR VICE PRESIDENT

CR2E003 (9/99)