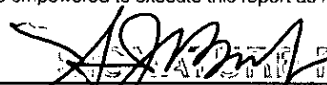


2001 UNIFORM BUSINESS REPORT (UBR)

0002867 AF

DOCUMENT # A33311 1. Entity Name JACKSONVILLE PROPERTIES ASSOCIATES LIMITED PARTN						FILED 01 FEB 16 AM 9:11 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 7900 MIAMI LAKES DRIVE WEST MIAMI LAKES FL 33016-5897				Mailing Address 7900 MIAMI LAKES DRIVE WEST MIAMI LAKES FL 33016-5897			
2. Principal Place of Business		3. Mailing Address		DO NOT WRITE IN THIS SPACE 			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number 65-0349842		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			
BRAFMAN, HOWARD J. 7900 MIAMI LAKES DRIVE WEST MIAMI LAKES FL 33016-5897				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.		\$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							
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 #	S68588 KISLAK REALTY EQUITIES, INC. 7900 MIAMI LAKES DRIVE W MIAMI LAKES FL			STREET ADDRESS	300003746563--7 -02/21/01--01128--004 ****526.25 ****526.25		
NAME				CITY-ST-ZIP			
STREET ADDRESS				CITY-ST-ZIP			
CITY-ST-ZIP				CITY-ST-ZIP			
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NAME				CITY-ST-ZIP			
STREET ADDRESS				CITY-ST-ZIP			
CITY-ST-ZIP				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:  HOWARD J. BRAFMAN, SENIOR VICE PRESIDENT				02/08/01 Date		(305) 364-4213 Daytime Phone #	

CR2E003 (11/00)