


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)


0009139 AT

DOCUMENT # A33311

1. Entity Name
JACKSONVILLE PROPERTIES ASSOCIATES LIMITED PARTNERSHIP



FILED
03 JAN 29 PM 12:34
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
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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DUE BY MAY 1, 2003

4. FEI Number 65-0349842	Applied For
	Not Applicable

6. Name and Address of Current Registered Agent

RODRIGUEZ, CHRISTY
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. 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. **\$750,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$750,000.00**

11. MAKE CHECK PAYABLE TO FL. 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 #	S68588
NAME	KISLAK REALTY EQUITIES, INC.
STREET ADDRESS	7900 MIAMI LAKES DRIVE W
CITY-ST-ZIP	MIAMI LAKES FL
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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01/29/03--01098--010 **526.25

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~~ **01/24/2003** 305-364-4106

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

CR2E003 (10/02)