2001 UNIFOR	M BUSINESS	REPORT	(UBR
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DOCU 1. Entity Nan		# A	33356	3										} :
IMAGES OF JACKSONVILLE LIMITED PARTNERSHIP								FILEC		∽	A	-		
Principal Place of Business Mailing Address								01	MAR -5 P	M 1:07		U		
5791 UNIVERSITY CLUB N. JACKSONVILLE FL 32277				5791 UNIVERSITY CLUB BLVD. N. JACKSONVILLE FL 32277 US			SE Tal	ORETARY (OF LAHASSEE, (F	STATE FLORIDA		CIEN EFEN 1981			
2. Principal F	Place of Busin	ness		3. Mai	ling Address	· ·····-					F ANN ANAM AFAM			
Suite, Apt.	. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE							
City & Star	te	***		City & State				4. FEI Number	59-3139252		-	Applied For	le	
Zip	-	Country		Zip		Cour	ntry		5. Certificate of	of Status Desired		8.75 Ac	dditional	٦
<u> </u>	6. Name	and Address	of Current Re	egistere	ed Agent	<u> </u>			7. Name and	Address of New R				\dashv
							Name							٦
		CH SERVICE	S, INC.	_			Street Addre	ess (F	P.O. Box Number	is Not Acceptable)			\dashv
	PARK AVE													\dashv
TALLAHAS	ssee, fl fl	. 32301	-											_
							City				FL	Zip Co	qe	
8. The above	named entit	y submits this	statement for t	he purp	ose of changing it	ts register	ed office or reg	jistere	ed agent, or both	, in the State of Flo	rida.	·		7
SIGNATURE	Signature, typed	or printed name of	registered agent and	d title if app	oficable. (NC	TE: Registere	ed Agent signature re	equired	when reinstating)		DATE			
9. Capital Co as Shown		\$1,093	500-00	1	Amount of Cap in FLORIDA to		butions	•		11. MAKE CHEC	K PAYABLE T SE SIDE FOR			7
										CTIVE WITH THI to change a ge	S OFFICE.			
12.			AL PARTNER I			13.	i, an amendi		t mast be med	ADDRESS CHA				\dashv
DOCUMENT #	P96000072						cer toppece							7
NAME STREET ADDRESS	STEP MANAGEMENT CORP.				SIM	EET ADDRESS			······································				-] }	
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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: SIGNATURE: 2/21/61 904 743 6806														
· · · · · · · · · · · · · · · · ·		SIGNATURE	AND TAPED OF DE	DINTED NA	ME OF MONING GENE	HAL PARTME			4 . 1	Date	David	me Phone #		- 1

SIGNATURE AND PUPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

OF STAP MANAGEMENT CORP.

G.P. INAGES OF SACKSONVILLE L.P.