

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A92000000135

1. Entity Name

J & B MELBOURNE, LTD.

Principal Place of Business Mailing Address
6650 SHEFFIELD LANE, LAGORCE ISLAND
MIAMI BEACH FL 33141 6650 SHEFFIELD LANE, LAGORCE ISLAND
MIAMI BEACH FL 33141

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 65-0376841 Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TURKEN, ROBERT W
108 FOURTH TERRACE
DALEDO ISLAND
MIAMI BEACH FL 33141

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.

\$1,000.00

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 | STREET ADDRESS | STREET ADDRESS |
| NAME | TURKEN, ROBERT WILLIAM | 108 FOURTH TERRACE | 700003178657-0 |
| STREET ADDRESS | MIAMI BEACH FL 33141 | CITY - ST - ZIP | -03/21/00-01110-031 |
| CITY - ST - ZIP | | | ****141.25 ****141.25 |
| DOCUMENT # | NAME | STREET ADDRESS | STREET ADDRESS |
| NAME | TURKEN, JACK D | 108 FOURTH TERRACE | |
| STREET ADDRESS | MIAMI BEACH FL 33141 | CITY - ST - ZIP | |
| CITY - ST - ZIP | | | |
| DOCUMENT # | NAME | STREET ADDRESS | STREET ADDRESS |
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| DOCUMENT # | NAME | STREET ADDRESS | STREET ADDRESS |
| NAME | | | |
| STREET ADDRESS | | | |
| 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: *Robert W. Turken* *Jack D. Turken* 2-760000 305-358-9900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #