## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A9300000175  1. Entity Name				02 APR -8 AM 11:58		
JADRE, LTD.					SECRETARY OF STATE TALL AHASSEE, FLORIDA	
Principal Place of Business Mailing Address					TALLAHASSEE, FLORIDA	
% ADELINE B. REINSTEIN 207 LAKE SUSAN LANE WEST PALM BEACH FL 33411  WEST PALM BEACH FL 33411  WEST PALM BEACH FL 33411						
Principal Place of Business     3. Mailing Address			<u></u>			
Suite, Apt. #, etc. Suite, Apt. #, etc.				<del>-</del>	DUE BY MAY 1, 2002	
City & State City & State		City & State			4. FEI Number Applied For Not Applicable	
Zip Country Zip		Zip	Country		5. Certificate of Status Desired See Required Fee Required	
	6. Name and Address of Current	Registered Agent			7. Name and Address of New Registered Agent	
				Name		
REINSTEIN, ADELINE B 207 LAKE SUSAN LANE				Street Address (P.O. Box Number is Not Acceptable)		
WEST PALM BEACH FL 33411						
				City FL Zip Code		
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  DATE  9. Capital Contributions  11. MAKE CHECK PAYABLE TO DEPT. OF STATE						
as Shown	on record.	in FLORIDA to da	te.		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	REINSTEIN, ADELINE B 207 LAKE SUSAN LANE WEST PALM BEACH FL 33411  OLSEN, CILLIA		STRE	EET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP		
DOCUMENT # NAME			STRE	ET ADDRESS	-04/12/0201090009 ****1/1 25	
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP		
DOCUMENT # NAME	MOREA, JEANNIE -18528-N.W. 19TH ST -PEMBOKE PINES FL 32028		STRE	EET ADDRESS 2	07 Lake Sugar Lane	
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP	est Palm Beach, Fl. 33411	
DOCUMENT # NAME			STRE	ET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP		
DOCUMENT <b>#</b> NAME			STRE	EET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			€ = CITY.	-ST-ZIP.		
DOCUMENT # *			STRE	ET ADDRESS		
STREET ADDRESS 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						

STAPLE CHECK HERE