

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A93000001199



Entity Name
HYJON LIMITED PARTNERSHIP

FILED

03 JUL 16 AM 10:20

SECRETARY OF STATE



Principal Place of Business
521 E. MT. VERNON DRIVE
PLANTATION FL 33325

Mailing Address
521 E. MT. VERNON DRIVE
PLANTATION FL 33325

2. Principal Place of Business

521 E. MT. VERNON DR

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Plantation, FL

Zip

Country

Zip

Country

33325 U.S.

33325 U.S.

DUE BY SEPTEMBER 24, 2003

4. FEI Number 65-0450723

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GILMORE, JOHN NATHAN
720 FAIRWAY DRIVE
PLANTATION FL 33317

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record.

\$326,155.00

10. Amount of Capital Contributions
in FLORIDA to date.

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

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
GILMORE, JOHN NATHAN
521 EAST MOUNT VERNON DR.
PLANTATION FL 33325

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

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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:

John Nathan Gilmore
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

07/08/03 473-0821

CR2E003 (4/03)

0000981 AT