

DOCUMENT #		A93000001432	
1. Entity Name			
THE BWJ FAMILY LIMITED PARTNERSHIP			
Principal Place of Business		Mailing Address	
110 BRIARWOOD CIRCLE GLEN ST MARY FL 32040		110 BRIARWOOD CIRCLE GLEN ST MARY FL 32040-9672	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
JONES, BURL W 110 BRIARWOOD CIRCLE GLEN ST MARY FL 32040			Name
			Street Address (1)
			City
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required)</small>			
9. Capital Contributions as Shown on record.		\$137,412.00	10. Amount of Capital Contributions in FLORIDA to date. \$137,412.00
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED IN FLORIDA. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed.			
12. GENERAL PARTNER INFORMATION			
DOCUMENT #	JONES, BURL W		13.
NAME	110 BRIARWOOD CIRCLE		STREET ADDRESS
STREET ADDRESS	GLEN ST MARY FL 32040		
CITY - ST - ZIP			CITY - ST - ZIP
DOCUMENT #			STREET ADDRESS
NAME			
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NAME			
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 601.20, Florida Statutes, and that my signature shall have the same legal effect as if made by the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.			
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			

Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  
*BURR W. JONES*