LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A93000001432

1. Entity Name

THE BWJ FAMILY LIMITED PARTNERSHIP

DO NOT WRITE IN THIS SPACE

FILED

02 APR 18 PM 12:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7892 Brairwood Circle	7892 Briarwood Circle
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Glen St. Mary, FL	City & State: Glen St. Mary, FL
Zip: 32040 Country: Baker	Zip: 32040 Country: Baker

DUE BY MAY 1st

4. FEI Number: 50-3173891 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Burl W. Jones

Street Address (P.O. Box Number is Not Acceptable): 7892 Briarwood Circle

City: Glen St. Mary FL Zip Code: 32040

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

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE. SEE REVERSE SIDE FOR FEE INFORMATION.
$137,412.00	$137,412.00	

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

DOCUMENT #		STREET ADDRESS	
NAME	Burl W. Jones	CITY-ST-ZIP	500005350125--5
STREET ADDRESS	7892 Briarwood Circle		-04/26/02--01007--007
CITY-ST-ZIP	Glen St. Mary, FL 32040		****535.00 ****535.00
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STAPLE CHECK HERE

CR2E003B (12/01)

*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: Burl W. Jones GENERAL PARTNER 4-12-02 904/259-5665
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #