

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0018135 AB

DOCUMENT # A94000000288

1. Entity Name  
SBL ORANGE PARK INVESTMENTS, LTD.



FILED

03 MAY -1 PM 2:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
11362 SAN JOSE BLVD., #3B  
JACKSONVILLE FL 32223

Mailing Address  
4475 RIVERGREEN PKWY. #100  
DULUTH GA 30096

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2003

4. FEI Number 59-3228156

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NAJJAR, LEE

8231 SHADY GROVE CT.

JACKSONVILLE FL 32256

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. \$10,000,000.00

10. Amount of Capital Contributions in FLORIDA to date. 2,000,000

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 # P94000016646  
NAME SYSTICO, INC.  
STREET ADDRESS 11362 SAN JOSE BLVD., #3B  
CITY-ST-ZIP JACKSONVILLE FL 32223

STREET ADDRESS

CITY-ST-ZIP

700013908257  
03/11/03--01014--013 \*\*437.50

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

700013908257  
03/28/03--01059--006 \*\*88.75

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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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/20/03 (409) 483-9094

Date Daytime Phone #

CR2E003 (10/02)