

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A94000000690

1. Entity Name  
JACKSONVILLE-TPC INVESTORS, LTD.



Principal Place of Business  
1401 BROAD STREET  
CLIFTON NJ 07013

Mailing Address  
1401 BROAD STREET  
CLIFTON NJ 07013

FILED

03 AUG 11 AM 10:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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		7. Name and Address of New Registered Agent	
C.T. CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City <b>FL</b> Zip Code	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required			

DUE BY SEPTEMBER 24, 2003

4. FEI Number **22-3303991**  Applied For  
 Not Applicable

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. **\$251,000.00** 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	STREET ADDRESS  <b>900021587739</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS  <b>07/16/03--01026--005 ***526.25</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS  <b>900021587739</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS  <b>08/11/03--01036--005 ***400.00</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS  
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS  
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS  

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

2/3/03 973-249-1000

Daytime Phone #

CR2E003 (4/03)

STAPLE CHECK HERE

6930000  
N