2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A9400000755 1. Entity Name JOINT VENTURE DEVELOPMENT, LTD.			Feb 08, 2000 08:00 AM Secretary of State		
Principal Place of Business	Mailing Address	· · · · · ·			
450 CHALLENGER ROAD	450 CHALLENGER ROAD				
CAPE CANAVERAL FL 32920	CAPE CANAVERAL 32920		FL		
Principal Place of Business ROYAL POINCIANA WAY	3. Mailing Address 340 ROYAL POINCIANA WAY	40 ROYAL POINCIANA WAY			
Suite, Apt. #, etc. Suite 305 Suite 305		•		DO NOT WRITE IN THIS SPACE	
City & State				4. FEI Number Applied For	
PALM BEACH FL	PALM BEACH	FL		59-3242105 Not Applicable	
Zip Country 33480	Zip 33480	Country	,	5. Certificate of Status Desired \$8.75 Additional Fee Required	
Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HARDMAN MICHAEL A			Name JENKINS JAMES C		
450 CHALLENGER ROAD			Street Address (P.O. Box Number is Not Acceptable) 340 ROYAL POINCIANA WAY		
CAPE CANAVERAL FL 32920		SUITE 305		15	
32720		,	City	FL Zip Code	
The above named entity submits this statement for the purpose of changing its registered office			Office or re	33480	
SIGNATURE JAMES C. JENKI Signature, tyced or printed name of register	NS			02/08/2000 78 required when reinstating) DATE	
Capital Contributions as Shown on record. 400.00	10. Amount of Capital			11: MAKE CHECK PAYABLE TO DEPT. OF STATE	
	in FLORIDA to dat			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.					
	ARTNER INFORMATION	13.		ADDRESS CHANGES ONLY	
DOCUMENT / ESKO PROPERTIES, INC.	■ eT		ADDRESS 3	340 ROYAL POINCIANA WAY, SUITE 305	
	EET ADDRESS 340 ROYAL POINCIANA WAY, SUITE 340		-ZIP]	PALM BEACH FL 33480	
DOCUMENT# VAME		STREET A	ADORESS		
STREET ADDRESS OITY- ST-ZIP		CITY-ST-	- ZIP		
DOCUMENT # NAME		STREET A	ADDRESS		
STREET ADDRESS CITY-ST-ZIP		CITY-ST-	- ZIP		
DOCUMENT ≠ NAME		STREET A	ODRESS		
STREET ADDRESS CITY-ST-ZIP		CITY-ST-	-ZIP		
DOCUMENT # NAME		STREET A	ODRESS		
STREET ADDRESS CITY-ST-ZIP		CITY-ST-	· ZIP		
DOCUMENT \$ VAME		street al	DDRESS		
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 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					