

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

CR2E003 (10/02)

**DOCUMENT # A94000001687**



1. Entity Name  
**S&J FAMILY LIMITED PARTNERSHIP**

FILED

03 MAR 17 PM 2:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**1355 SOUTH SUMMERLIN AVENUE  
ORLANDO FL 32806**

Mailing Address  
**1355 SOUTH SUMMERLIN AVENUE  
ORLANDO FL 32806**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

DUE BY MAY 1, 2003

4. FEI Number **59-3282992**      Applied For  
Not Applicable

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**

**CARUSO, STEPHEN M  
1355 SOUTH SUMMERLIN AVENUE  
ORLANDO FL 32806**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.      **\$49,000.00**      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.**      *431.75*

**12. GENERAL PARTNER INFORMATION**

**13. ADDRESS CHANGES ONLY**

DOCUMENT #  
NAME      **CARUSO, STEPHEN M**  
STREET ADDRESS      **1355 SOUTH SUMMERLIN AVENUE**  
CITY-ST-ZIP      **ORLANDO FL 32806**

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME      **CARUSO, JILL W**  
STREET ADDRESS      **1355 SOUTH SUMMERLIN AVENUE**  
CITY-ST-ZIP      **ORLANDO FL 32806**

STREET ADDRESS      **000014243185**  
CITY-ST-ZIP      **03/17/03--01075--011 \*\*431.75**

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STREET ADDRESS  
CITY-ST-ZIP      **M THOMAS**

DOCUMENT #  
NAME  
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CITY-ST-ZIP

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: *Stephen M Caruso*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*24 FEB 03*      *407 648 2006*  
Date      Daytime Phone #

STAPLE CHECK HERE