


# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

FILED

03 JUN -2 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # A94000001712	
1. Entity Name JACKSONVILLE RIVERFRONT DEVELOPMENT, LTD.	

Principal Place of Business 750 EAST BAY ST. JACKSONVILLE, FL 32202	Mailing Address 750 EAST BAY ST. JACKSONVILLE, FL 32202
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2. Principal Place of Business 2625 W. 5th Street	3. Mailing Address 2625 W. 5th Street
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State Jacksonville, FL	City & State Jacksonville, FL
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Zip	Country	Zip	Country
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DUE BY MAY 1, 2003	
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4. FEI Number 65-0561607	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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TRAYLOR, W. HAMILTON 750 E. BAY ST. JACKSONVILLE, FL 32202	Name  Street Address (P.O. Box Number is Not Acceptable) 2625 W. 5th Street  City Jacksonville FL Zip Code 32254
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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
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9. Capital Contributions as Shown on record. \$100.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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.	
DOCUMENT #	P94000090543	STREET ADDRESS	7000/6087137
NAME	JACKSONVILLE RIVERFRONT CORPORATION	CITY - ST - ZIP	04/16/03 01057 012
STREET ADDRESS	750 E. BAY STREET		\$141.25
CITY - ST - ZIP	JACKSONVILLE, FL 32202		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
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NAME		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: 	Carlton Spence	5/30/03 (904) 786-8038
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Daytime Phone #

STAPLE CHECK HERE

CR2E003 (10/02)