## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

		·						-
DOCUMENT # A9500001238  1. Entity Name								
J.C. PARTNERSHIP, LTD.					FILED			
Principal Place of Business 3101 NORTH STATE ROAD 7 HOLLYWOOD FL 33021  Mailing Address 3101 NORTH STATE ROAD 7 HOLLYWOOD FL 33021-2102					SECRETARY OF STATE			
2. Principal Place of Business Suite, Apt. #, etc.  3. Mailing Address Suite, Apt. #, etc.			s Bluc	DO NOT WRITE IN THIS SPACE				
Penty	OKe Pines, FL	Penbroke Pi	nes, F	4. FEI Nun	65-6191735		Applied For Not Applicable	
Zip <b>ろろ</b> つ	SU USP	33024	<u>USA</u>		ate of Status Desired	Fee F	5 Additional Required	ļ
	6. Name and Address of Current	Registered Agent	Name	7. Name a	nd Address of New R	egistered Agent		
SINGER, BERNARD A ESQUIRE 4925A SHERIDAN STREET HOLLYWOOD FL 33021			Street Ad	Street Address (P.O. Box Number is Not Acceptable)				
			City			FL Z	ip Code	
8. The above	named entity submits this statement fo			egistered agent, or l	ooth, in the State of Flo	rida. DATE		
9. Capital Contributions as Shown on record.  \$64,000.00  10. Amount of Capital Contin FLORIDA to date.					11. MAKE CHEC SEE REVERS	K PAYABLE TO D SE SIDE FOR FEE	EPT. OF STATE INFORMATION	
	A GENERAL PARTNER T NOTE: General Partners MA	HAT IS A BUSINESS ENTITY NOT be changed on the i	Y MUST BE F form; an ame	GISTERED AND	ACTIVE WITH THI	S OFFICE. eneral partner.		
			13.	ADDRESS CHANGES ONLY				
DOCUMENT# NAME	M41430 J. CARROLL ENTERPRISES, INC	STREET ADDRESS	8455 P	ines Br	rulevo	no	0/0/	
STREET ADORESS CITY-ST-ZIP	3101 NORTH STATE ROAD 7 HOLLYWOOD FL 33021		CITY-ST-ZIP	Rembr	OKe Dir	US, FL	33024	00:100
DOCUMENT# NAME			STREET ADDRESS		_			7
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP ,		onnan:	M-795	<u> </u>	
DOCUMENT# NAME			STREET ADDRESS	• •	<del>80000</del> -03/2	1/00011 26 25 **	07014 ***526.25	
STREET ADDRESS City-St-Zip			CITY-ST-ZIP					
DOCUMENT# NAME			STREET ADDRESS					
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP		<del>-</del>			
DOCUMENT#			STREET ADDRESS					
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP		<del>-</del>	<del>-</del> -		
CÓCUMENT# NAME			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
indicated	certify that the information supplied with on this report is true and accurate and ver or trustee empowered to execute this	that my signature shall have the	same legal effe	as if made under o	(3)(i), Florida Statutes. ath; that I am a Genera	I further certify that I Partner of the life	at the information mited partnership or	

James 5. Carroll 0/25/00

Date 954-443-7000