


# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # A95000001238**  
 1. Entity Name  
**J.C. PARTNERSHIP, LTD.**

Principal Place of Business  
 3101 NORTH STATE ROAD 7  
 HOLLYWOOD FL 33021

Mailing Address  
 3101 NORTH STATE ROAD 7  
 HOLLYWOOD FL 33021-2102

**FILED**  
 00 MAR 10 AM 8:33  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



2. Principal Place of Business  
**8655 Pines Blvd**

3. Mailing Address  
**8655 Pines Blvd**

City & State  
**Pembroke Pines, FL**

City & State  
**Pembroke Pines, FL**

Zip  
**33024**

Country  
**USA**

4. FEI Number **65-6191735** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SINGER, BERNARD A ESQUIRE**  
**4925A SHERIDAN STREET**  
**HOLLYWOOD FL 33021**

7. Name and Address of New Registered Agent

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. **\$64,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO 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	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>M41430 J. CARROLL ENTERPRISES, INC. 3101 NORTH STATE ROAD 7 HOLLYWOOD FL 33021</b>
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS CITY - ST - ZIP	<b>8655 Pines Boulevard Pembroke Pines, FL 33024</b>
STREET ADDRESS CITY - ST - ZIP	
STREET ADDRESS CITY - ST - ZIP	<b>800003178528--2 -03/21/00--01107--014 ***526.25 ***526.25</b>
STREET ADDRESS CITY - ST - ZIP	
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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:  **SIGNATURE REQUIRED** James S. Carroll 2/25/00  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #  
 904-443-7000

CR2E003 (9/99)