

# 2001 UNIFORM BUSINESS REPORT (UBR)

0003066 AF

DOCUMENT # **A95000001238**

1. Entity Name  
**J.C. PARTNERSHIP, LTD.**

APPROVED  
AND  
FILED

01 MAY -2 AM 9:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
**8655 PINES BLVD. 8655 PINES BLVD.**  
**PEMBROKE PINES FL 33024 PEMBROKE PINES FL 33024**

2. Principal Place of Business 3. Mailing Address  
*10021 Pines Blvd #202* *10021 Pines Blvd #202*  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State *Pembroke Pines FL* City & State *Pembroke Pines FL*  
 Zip *33024* Country Zip *33024* Country

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 #	<b>M41430</b>
NAME	<b>J. CARROLL ENTERPRISES, INC.</b>
STREET ADDRESS	<b>8655 PINES BLVD</b>
CITY-ST-ZIP	<b>PEMBROKE PINES FL 33024</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	<i>10021 Pines Blvd #202</i>
CITY-ST-ZIP	<i>Pembroke Pines FL 33024</i>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>800004287018--0</b>
CITY-ST-ZIP	<b>05/22/01 01043 016</b>
STREET ADDRESS	<b>****526.25 ****526.25</b>
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *JANET L GILES* **JANET L GILES** *4-27-01* **4-27-01**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone # *954 450-3210*

CR2E003 (11/00)