

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0003724 AV

DOCUMENT # A95000001795

1. Entity Name
JERICO GROUP, LTD.



FILED
03 MAY -5 PM 5:07
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

Principal Place of Business
**3000 N. MILITARY TRAIL
BOCA RATON FL 33431-6375**

Mailing Address
**3000 N. MILITARY TRAIL
BOCA RATON FL 33431-6375**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

DUE BY MAY 1, 2003

4. FEI Number **65-0635593**
Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**LAWRENCE B. JURAN, P.A.
1200 CORPORATE CENTER WAY, SUITE 100
WELLINGTON FL 33414**

7. Name and Address of New Registered Agent
Name **Roy Schwedelson**
Street Address (P.O. Box Number is Not Acceptable)
**Jericho Group, Ltd.
3000 N. Military Trail**
City **Boca Raton** FL Zip Code **33431**

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 **4/29/03**

9. Capital Contributions as Shown on record. **\$1,000.00**

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.**

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	P95000089036
NAME	JERICO GROUP, INC.
STREET ADDRESS	3000 N. MILITARY TRAIL
CITY-ST-ZIP	BOCA RATON FL 33431-6375
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	000017920840
CITY-ST-ZIP	05/05/03--01002--010 **141.25
STREET ADDRESS	
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 or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: DATE **4/29/03** DAYTIME PHONE # **561-393-8200**

CR2E003 (10/02)