

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0021025 FP

DOCUMENT # A95000001874

1. Entity Name  
SAN JOSE ASSOCIATES, LTD.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 MAR 26 PM 12:25

m3/3/

Principal Place of Business  
6320-7 ST. AUGUSTINE RD.  
STE. 7  
JACKSONVILLE FL 32217

Mailing Address  
6320-7 ST. AUGUSTINE RD.  
STE. 7  
JACKSONVILLE FL 32217



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number 56-1951674

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HENDERSON, GENEVA P  
6320-7 ST. AUGUSTINE RD.  
JACKSONVILLE FL 32217

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$210,000.00

10. Amount of Capital Contributions in FLORIDA to date 210,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # P95000092667  
NAME SAN JOSE ASSOCIATES OF JACKSONVILLE, INC.  
STREET ADDRESS % 4530 PARK RD., SUITE 300  
CITY-ST-ZIP CHARLOTTE NC 28209

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

*[Signature]*

3/19/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)

PLEASE CHECK HERE