

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000000172

1. Entity Name
JHH HARRIS ENTERPRISES, LTD.



Principal Place of Business
550 PORT-O-CALL WAY
NAPLES FL 34102

Mailing Address
550 PORT-O-CALL WAY
NAPLES FL 34102

FILED

2003 APR 17 PM 4:21

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



2. Principal Place of Business
909 10th Street South

3. Mailing Address
909 10th Street South

Suite, Apt. #, etc.
Suite 105

Suite, Apt. #, etc.
Suite 105

DUE BY MAY 1, 2003

City & State
Naples, FL

City & State
Naples, FL

4. FEI Number 65-0640703

Applied For
Not Applicable

Zip
34102

Country

Zip
34102

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

GOODMAN, KENNETH D ESQ
GOODMAN & BREEN
3838 TAMiami TRAIL N., STE 300
NAPLES FL 34103

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 _____
Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record. \$6,000,000.00

10. Amount of Capital Contributions in FLORIDA to date. \$6,000,000.00

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 #
NAME HARRIS, JOHN H
STREET ADDRESS 550 PORT-O-CALL WAY
CITY-ST-ZIP NAPLES FL 34102

STREET ADDRESS 909 10th Street South, Suite 105
CITY-ST-ZIP Naples, FL 34102

DOCUMENT #
NAME ~~HARRIS, LUCILE H~~ Delete
STREET ADDRESS ~~550 PORT-O-CALL WAY~~
CITY-ST-ZIP ~~NAPLES FL 34102~~

STREET ADDRESS
CITY-ST-ZIP
500016228495
04/17/03--01094--014 **535.00

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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: *John H. Harris* REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

John H. Harris

4/3/03

239-649-0555

Date

Daytime Phone #

CR2E003 (10/02)

0015186 AT