## 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A9600000701  1. Entity Name						; ; ,
FAISON-JUPITER FARMS LIMITED PARTNERSHIP						FILED
Principal Plac 121 W. TRADI CHARLOTTE I	E ST. SUITE :		Mailing Address 121 W. TRADE ST. SUITE 2550 CHARLOTTE NC 28202-1160			OO APR -6 AM 9: 30  SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business     Adding Add				dress		-{
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE
City & State			City & State			4. FEI Number 56-1978287 Applied For Not Applicable
Zip			Zip	Country		5. Certificate of Status Desired
	6. Name	and Address of Current	Registered Agent			7. Name and Address of New Registered Agent
					Name	المالي المسترين المستران والمستران و
CORPORATION SERVICE COMPANY 1201 HAYS STREET					Street Address (	(P.O. Box Number is Not Acceptable)
		2201-2525				
TALLAHASSEE FL 32301-2525					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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE						
9. Capital Contributions as Shown on record.  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 PARTNEI	R INFORMATION	13.		ADDRESS CHANGES ONLY
DOCUMENT # NAME	FCD-JUPITER FARMS LIMITED PARTNERSHIP			STR	ET ADDRESS	STE 2550
STREET ADDRESS CITY-ST-ZIP		TE NC 28202-5399	IAIL-TOWER C		-S₹-ZBP	8000032137087
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STREET ADDRESS CITY-ST-ZIP		Mr. Carr	****	СПУ	-ST-ZIP	**************************************
DOCUMENT# NAME				STR	ET ADDRESS	
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NAME				STR	ET ADDRESS	
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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  BY: FORTHER FARMS MEMORY OF ARTNER SENGUAL PARTNER  SIGNATURE: W. SIMMER SENGUAL PARTNER  TO 1-972-2500						

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNERASSISTANT SECRETARY, Date