

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000000798

1. Entity Name
EP PROPERTIES OF DUVAL COUNTY LIMITED PARTNERSHIP



Principal Place of Business
1301 RIVERPLACE BLVD., SUITE 2330
JACKSONVILLE FL 32207

Mailing Address
1301 RIVERPLACE BLVD., SUITE 2330
JACKSONVILLE FL 32207

FILED

03 JAN 21 AM 11:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3371043

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

WEBER, SYLVIA
3683 CROWN POINT ROAD
JACKSONVILLE FL 32257-5956

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 *Sylvia D. Weber*

1/8/03
DATE

9. Capital Contributions
as Shown on record. \$945,000.00

10. Amount of Capital Contributions
in FLORIDA to date. \$945,000.00

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 # P95000094078
NAME EP PROPERTIES OF JACKSONVILLE, INC.
STREET ADDRESS 1301 RIVERPLACE BLVD., SUITE 2330
CITY-ST-ZIP JACKSONVILLE FL 32207

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

M THOMAS

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:

SONDRA RECLAISON MONTGOMERY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/16/03
Date

904/399-5222
Daytime Phone #

0006285
AT

CR2E003 (10/02)