


# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0003222 AV

**DOCUMENT # A96000000928**

1. Entity Name  
**JOHN C. BILLS ENTERPRISES, LTD.**



**FILED**  
03 MAY -5 PM 5:06  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**MJH**

Principal Place of Business 3950 RCA BLVD. #5000 PALM BEACH GARDENS FL 33410	Mailing Address 3950 RCA BLVD. #5000 PALM BEACH GARDENS FL 33410
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DUE BY MAY 1, 2003

4. FEI Number **65-0666014** Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**GARY, JOHN W III**  
**701 U.S. HWY. ONE, STE. 402**  
**NORTH PALM BEACH FL 33408**

**7. Name and Address of New Registered Agent**

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. <b>\$978,749.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>978,749.00</b>	<b>11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
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**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 #	P96000041784	STREET ADDRESS	
NAME	JOHN C. BILLS ENTERPRISES, INC.	CITY-ST-ZIP	700017926997
STREET ADDRESS	3950 RCA BLVD #5000		05/05/03--01015--024 **526.25
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
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NAME		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:** *John C. Bills* **4/16/03** **81-627-7311**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)

STARLE CHECK HERE