2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A9600001575 I. Entity Name VJR ENTERPRISES, LIMITED CONTROL OF A CONT					-	FILEO SECRETARY OF STATE DIVISION OF CORPORATIONS		
Principal Place of Business Mailing Address 1520-B JENKS AVENUE 1520-B JENKS AVENUE PANAMA CITY FL 32405 PANAMA CITY FL 32405-4648					00 MAY -1 PM 3: 52			
	,							
2. Principal P	lace of Business	3. Mailing Address			- 1 1981 STATE STATE STATE OF STATE OF STATE OF STATE OF STATE STA			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEI Number	59-3398407	Applied For Not Applicable		
Zip '	Country	Country Zip Co		try	5. Certificate of Status Desired See Required Fee Required			
	6. Name and Address of Current	Registered Agent			7. Name and A	Address of New Registere	d Agent	
DADOSTT MARY MOTORIAN				Name				
PADGETT, MARY VICTORIA 1520-B JENKS AVENUE				Street Address (P.O. Box Number is Not Acceptable)				
PANAMA CITY FL 32405								
•			City			F	Zip Code	
SIGNATURE	named entity submits this statement for statement statement for statement statement for statement statemen			ed office or regis		, in the State of Florida.	 	
9. Capital Contributions as Shown on record. \$16,000.00 10. Amount of Capital Contributions in FLORIDA to date.					11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION			
as Snown o	A GENERAL PARTNER 1	HAT IS A BUSINES	SENTITYM	\$6,000,00 UST BE REG I	STERED AND AC	TIVE WITH THIS OFFI	CE.	
	NOTE: General Partners MA	Y NOT be changed	on the form	; an amendme	ent must be filed	to change a general p ADDRESS CHANGES C	artner.	
12. DOCUMENT#	GENERAL PARTNER	· INFORMATION	13.			ADDRESS CHANGES C	JNC1	
NAME STREET ADDRESS	PADGETT, MARY VICTORIA 1520-B JENKS AVENUE	·		ET ADDRESS				
CITY-ST-ZIP	PANAMA CITY FL 32405			-ST-ZIP	4000032836641 -06/03/0001111003			
DOCUMENT#	a de la manage		STRE	ET ADDRESS			****141.25	
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DOCUMENT #			STRE	ET ADDRESS				
STREET ADORESS CITY - ST - ZIP	4.4		СПУ	- ST - ZBP			(
 I hereby of indicated the receiver 	pertify that the information supplied with on this report is true and accurate and er or trustee empowered to execute this	this filing does not qua that my signature shall is report as required by	lify for the exe have the same Chapter 620, f	mption stated in e legal effect as i Florida Statutes	Section 119.07(3)(i), if made under oath; t	, Florida Statutes. I further o that I am a General Partner	pertify that the information of the limited partnership or	

26 April 2000 785-0264

Date Daylime Phone #