2003 LIMITED PARTNERSHIP **UNIFORM BUSINESS REPORT (UBR)** A9600001575

1. Entity Name VJR ENTERPRISES, LIMITED	001373		FILED 03 APR 24 AM II: 31
Principal Place of Business 1520-B JENKS AVENUE PANAMA CITY FL 32405	Mailing Address 1520-B JENKS AVENUE PANAMA CITY FL 32405		SECRETARY OF STATE TAIL THASSEE FLORIDA
2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc. Suite, Apt. #, etc.			DUE BY MAY 1, 2003
City & State City & State			4. FEI Number 59-3398407 Applied For Not Applicable
Zip Country .	- Zip (Country	5. Certificate of Status Desired S8.75 Additional Fee Required
6. Name and Address of Current F	Registered Agent		7. Name and Address of New Registered Agent
PADGETT, MARY VICTORIA 1520-B JENKS AVENUE PANAMA CITY FL 32405		Name Street Addre	ess (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 ar	nd title if applicable.		DATE
9. Capital Contributions as Shown on record. 10. Amount of Capital Contributions in FLORIDA to date. 11. MAXE CHECK PAYABLE TO FL. DEPT. OF STATE SIDE FOR FEE INFORMATION			
A GENERAL PARTNER TO NOTE: General Partners MAY	HAT IS A BUSINESS ENTIT I NOT be changed on the f	Y MUST BE REG form; an amendn	SISTERED AND ACTIVE WITH THIS OFFICE. nent must be filed to change a general partner.
12. GENERAL PARTNER	INFORMATION	13.	ADDRESS CHANGES ONLY
DOCUMENT # NAME PADGETT, MARY VICTORIA STREET ADDRESS 1520-8 JENKS AVENUE		STREET ADDRESS	300015212913 04/24/0301002001 **141.25
CITY-ST-ZIP PANAMA CITY FL 32405		CITY-ST-ZIP	01121103 01002 001 **141.23
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DOCUMENT / NAME		STREET ADDRESS	:
STREET ADDRESS CITY-ST-ZIP		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: BILLIAGUP LATINGE DE PRINTED NAME OF SIGNING GENERAL PARTNER SIGNATURE AND TYPEDOB PRINTED NAME OF SIGNING GENERAL PARTNER Date Dayling Phone #			