2002 UNIFORM BUSINESS REPORT (UBR)

0019840 AB

DOCUMENT # A96000001601

FILED
02 JAN 23 PM 12:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name
DECADE GULFCOAST OFFICE PARTNERS LIMITED PARTNER SHIP

Principal Place of Business
250 PATRICK BLVD.. SUITE 140
BROOKFIELD WI 53045-5864

Mailing Address
250 PATRICK BLVD.. SUITE 140
BROOKFIELD WI 53045-5864

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, 2002

4. FEI Number 59-3399884 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FLORIDA LAWDOCK, INC.
4501 TAMIAMI TRAIL NORTH, SUITE 300
NAPLES FL 34103-3060

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.

SIGNATURE ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. $750,000.00

10. Amount of Capital Contributions in FLORIDA to date. 522,000

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 PARTNER INFORMATION	13.	ADDRESS CHANGES ONLY
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP	H34627 J K INVESTMENTS OF CLEARWATER, INC. 240 BAYSIDE DRIVE CLEARWATER BEACH FL 33767-2503	STREET ADDRESS CITY-ST-ZIP	700004831827--6 -01/23/02--01092--019 ****526.25 ****526.25
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP	NOTE	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	

CR2E003 (9/01)

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: By: JK Investments of Clearwater, Inc. SIGNATURE REQUIRED — 1/10/02 — 262-792-9200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #