2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

						Q	
DOCUMENT # A9600001874 1. Entity Name					ATTICLE ATTICLES	Ř	
JRB MARKETING, LTD.					FILED		
Principal Plac	on of Puninger	Mailing Addross			01 APR 119 IRM 12: 24 W		
Principal Place of Business C/O JRB MANUFACTURING. INC. 975 S. CONGRESS AVE #102 DELRAY BEACH FL 33445 Mailing Address C/O JRB MANUFACTURING 975 S. CONGRESS AVE # DELRAY BEACH FL 33445					SECRETARY OF STATE TALLAHASSEE, FLORIDA	ì	
2. Principal Place of Business 3. Mailing Address					<u> </u>		
Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE		
City & State		City & State	City & State		4. FEI Number 65-0743246 Applied Fo	_	
Zip	Country	Zip	Cour	ntry	5. Certificate of Status Desired \$8.75 Additional Fee Required	\neg	
٠.	6. Name and Address of Current	Registered Agent -			7. Name and Address of New Registered Agent	\Box	
				Name			
BERGMANN, JOSEPH R C/O JRB MANUFACTURING, INC.			-	Street Address	reet Address (P.O. Box Number is Not Acceptable)		
975 S. CONGRESS AVE., #102 DELRAY BEACH FL 33445				City FL Zip Code			
							
8. The above	e named entity submits this statement for	the purpose of changing its	register	ed office or registe	red agent, or both, in the State of Florida.		
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	: Registere	ed Ägent signature required	d when reinstating) DATE		
O Conital Contributions 10 Amount of Conital C					11. MAKE CHECK PAYABLE TO DEPT. OF STATE		
as Shown	on record. \$220,000.00	in FLORIDA to da	ate.		SEE REVERSE SIDE FOR FEE INFORMATION		
	A GENERAL PARTNER T	HAT IS A BUSINESS EN' V NOT be changed on th	TITY M	IUST BE REGIS' 1: an amendmen	TERED AND ACTIVE WITH THIS OFFICE. It must be filed to change a general partner.	- }	
12. GENERAL PARTNER INFORMATION			13.		ADDRESS CHANGES ONLY	\dashv	
DOCUMENT / P0000032306 NAME JRB MANUFACTURING, INC.			STRI	EET ADDRESS		14/00/14	
STREET ADDRESS CITY-ST-ZIP	975 S. CONGRESS AVE., #102		CITY	'-ST-ZIP) E003	
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CITY-ST-ZIP	portify that the information and in the	this filling days not a set of		-ST-ZIP	nation 440 07/200 Florido Clabridas I fundamente de la		
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 2052 PM Research 4/13/6/							

(371) 265 3600