

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0004784 AV

DOCUMENT # A96000002162

1. Entity Name  
P.J.L. FAMILY LIMITED PARTNERSHIP



FILED  
03 APR 30 AM 11:00  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business  
850 PARK SHORE DRIVE, SUITE 200  
NAPLES FL 34103

Mailing Address  
850 PARK SHORE DRIVE, SUITE 200  
NAPLES FL 34103



2. Principal Place of Business  
745 12th Avenue South

3. Mailing Address  
745 12th Avenue South 4/30

Suite, Apt. #, etc.  
Suite 100

Suite, Apt. #, etc.  
Suite 100

City & State  
Naples, FL

City & State  
Naples, FL

Zip  
34102

Country  
USA

Zip  
34102

Country  
USA

DUE BY MAY 1, 2003

4. FEI Number 65-0727756

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

LONGE, THOMAS J  
850 PARK SHORE DRIVE, SUITE 200  
NAPLES FL 34103

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
745 12th Avenue South  
Suite 100  
City Naples FL Zip Code 34102

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 and title if applicable.

DATE

9. Capital Contributions  
as Shown on record. \$1,500,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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

DOCUMENT # P96000095910  
NAME P.J.L. OF NAPLES, INC.  
STREET ADDRESS 850 PARK SHORE DRIVE, SUITE 200  
CITY-ST-ZIP NAPLES FL 34103

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 13. ADDRESS CHANGES ONLY

STREET ADDRESS 745 12th Avenue South, #100  
CITY-ST-ZIP Naples, FL 34102

STREET ADDRESS  
CITY-ST-ZIP  
100017544221  
04/30/03--01023--020 \*\*\*526.25

STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/25/03 239 263-8900

CR2E003 (10/02)