

# 2002 UNIFORM BUSINESS REPORT (UBR)

0001691 AB

DOCUMENT # **A97000000320**

1. Entity Name

**J-6 LAND PARTNERS, LTD.**

**FILED**  
02 SEP 30 AM 11:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

**300 N. NOVA ROAD  
ORMOND BEACH FL 32174**

Mailing Address

**C/O THE JAFFE CORPORATION  
300 N. NOVA ROAD  
ORMOND BEACH FL 32174-9531**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**DUE BY SEPTEMBER 25, 2002**

4. FEI Number **59-3421791**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JAFFE, RICHARD P  
300 N. NOVA ROAD  
ORMOND BEACH FL 32174**

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. 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.

**\$100,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION**

**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 # **G31738**  
NAME **THE JAFFE CORPORATION**  
STREET ADDRESS **300 N. NOVA ROAD**  
CITY-ST-ZIP **ORMOND BEACH FL 32174**

STREET ADDRESS

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CITY-ST-ZIP

**OK**

**400008288854--2**  
**10/09/02--01063--002**  
**\*\*\*\*935.00--\*\*\*\*935.00**

CR2E003 (4/02)

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:

**Richard P. Jaffe, Pres**

**9/24/02**

**(386) 673-3100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #