## FILED 02 JAN 22 PM 3: 32 SECRETARY OF STATE TALLAHASSEE, FLORIDA

## 2002 UNIFORM BUSINESS REPORT (UBR)

A97000000955 **DOCUMENT #** 1. Entity Name EN PASSANT FUND, LTD. Principal Place of Business Mailing Address 1100 SOUTH TAMIAMI TRAIL, SUITE 201 1100 SOUTH TAMIAMI TRAIL, SUITE 201 SARASOTA FL 34236 SARASOTA FL 34236

2. Principal Place of Business  3. Mailing Address				
Suite, Apt. #, etc. Suite, Apt. #, etc.			DUE BY MAY 1, 2002	
City & State  SARASOTA, FL  SORASOTA,	FL	4. FEI Number 65-0755435	Applied For Not Applicab	
Zip Country Zip 34237	Country	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	i Agent	
HARD, J. MICHAEL  1100 SOUTH TAMIAMI TRAIL, SUITE 201  SARASOTA FL 34236  Name  Street Address 2.0.5.5  SUITE  City SARA		(P.O. Box Number is Net Acceptable)  209  FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its residual.  SIGNATURE  SIGNATURE  SIGNATURE (1) STATE (1	egistered office or regist	ered agent, or both, in the State of Florida.	8/02	
			11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	
A GENERAL PARTNER THAT IS A BUSINESS ENT NOTE: General Partners MAY NOT be changed on the				
GENERAL PARTNER INFORMATION 13.		ADDRESS CHANGES ONLY		
DOCUMENT # P97000034373  NAME STREET ADDRESS CITY-ST-ZIP  D97000034373  JMH MANAGEMENT, INC.  1100 SOUTH TAMIAMI TRAIL, SUITE 201  SARASOTA FL 34236	STREET ADDRESS CITY-ST-ZIP	OSS WOOD STREET,	54237	
DOCUMENT # NAME	STREET ADDRESS			
STREET ADDRESS	CITY OT 7ID			

CITY-ST-ZIP DOCUMENT # STREET ADDRESS <u>300004831183-</u> NAME -01/28/02--01076--017 STREET ADDRESS CITY-ST-7IP \*\*\*\*526.25 \*\*\*\*526.25 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME 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** 

STAPLE