

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000001252**

1. Entity Name

AJ/HP VENTURER, LTD.

FILED

Principal Place of Business

C/O WHITE & CASE  
200 SOUTH BISCAYNE BLVD., SUITE 4900  
MIAMI FL 33131

Mailing Address

8917 WESTERN WAY, SUITE 6  
JACKSONVILLE FL 32256

01 MAY - 8 AM 11:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3457716

Applied For

Not Applicable

Zip

Country

Zip

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 Agent

GRAGG, K. LAWRENCE  
C/O WHITE & CASE  
200 SOUTH BISCAYNE BLVD., SUITE 4900  
MIAMI FL 33131

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

\$20,650.00

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 # P97000049722  
NAME AJ/HP VENTURER, INC.  
STREET ADDRESS 8917 WESTERN WAY, SUITE 6  
CITY-ST-ZIP JACKSONVILLE FL 32256

STREET ADDRESS

CITY-ST-ZIP

144.55-Lp  
88.75-Adm

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STREET ADDRESS

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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

JEFFREY A. CONN 5/1/01 904/363-9002  
Date Daytime Phone #