

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000001453**

1. Entity Name
PJZ, LTD.

Principal Place of Business 16864 SILVER OAK COURT DELRAY BEACH FL 33445	Mailing Address 16864 SILVER OAK COURT DELRAY BEACH FL 33445
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2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent
**PJZ, INC.
16864 SILVER OAK COURT
DELRAY BEACH FL 33445**

7. Name and Address of New Registered Agent
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]* DATE 8/13/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. \$2,000,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE-REVERSE SIDE FOR FEE INFORMATION
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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 # NAME STREET ADDRESS CITY-ST-ZIP	P97000031367 PJZ, INC. 16864 SILVER OAK COURT DELRAY BEACH FL 33445	STREET ADDRESS CITY-ST-ZIP	100004597831--8 -09/19/01--01013--026 ****526.25 ****526.25
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	100004597831--8 -09/19/01--01013--027 ****400.00 ****400.00
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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]* **SIGNATURE REQUIRED** DATE 8/13/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

FILED
01 SEP -4 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DUE BY SEPTEMBER 26, 2001

4. FEI Number **65-0766365** Applied For Not Applicable

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

STAPLE CHECK HERE

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CR2E003 (5/01)