

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

FILED

2003 MAR -5 AM 11:47

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # A97000001717

1. Entity Name
LAJOIE VENTURES, LTD.



Principal Place of Business
340 S. PALM AVE., APT. 83
SARASOTA, FL 34236

Mailing Address
340 S. PALM AVE., APT. 83
SARASOTA, FL 34236



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

FILE BY MAY 11, 2003

City & State

City & State

4. FEI Number

65-0774543

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

LAJOIE, ROBERT E
340 S. PALM AVE., APT. 83
SARASOTA, FL 34236

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. \$378,000.00

10. Amount of Capital Contributions
in FLORIDA to date. 378,000

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

13. ADDRESS CHANGES ONLY

DOCUMENT # P97000066165
NAME LAJ CO.
STREET ADDRESS 340 S. PALM AVE., APT. 83
CITY-ST-ZIP SARASOTA, FL 34236

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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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:

Robert E. Lajoie

2-17-03

(941) 365-2691

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE

CR2E003 (10/02)