

**2003 LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **A97000001812**

1. Entity Name
JACKSONVILLE CONCOURSE, LTD.



Principal Place of Business
**300 SE 2ND STREET
FT LAUDERDALE FL 33301**

Mailing Address
**300 SE 2ND STREET
FT LAUDERDALE FL 33301**

FILED
03 APR 29 PM 12:42

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

AMH



2. Principal Place of Business		3. Mailing Address		4/29	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DUE BY MAY 1, 2003	
City & State		City & State		4. FEI Number	Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
JONES, PATRICIA 300 SE 2ND STREET FT LAUDERDALE FL 33301				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.	\$2,617,590.67	10. Amount of Capital Contributions in FLORIDA to date.	\$1,173,373.53	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SER. 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 #	G9719190051	STREET ADDRESS	
NAME	JACKSONVILLE CONCOURSE ASSOCIATES	CITY-ST-ZIP	
STREET ADDRESS	300 SE 2ND STREET		
CITY-ST-ZIP	FT LAUDERDALE FL 33301		
DOCUMENT #		STREET ADDRESS	5000017319475
NAME		CITY-ST-ZIP	04/29/03-01076--023 ***526-25
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/24/03 954-427-9300

Date

Daytime Phone #

CR2E003 (10/02)