

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000001867**1. Entity Name  
**JMM REAL ESTATE HOLDINGS, LIMITED PARTNERSHIP**

**FILED**  
03 APR 22 AM 8:46  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**BJH**

Principal Place of Business  
**11808 GREYSTONE DRIVE  
BOCA RATON FL 33428**Mailing Address  
**C/O JMM REAL ESTATE HOLDINGS, INC.  
11808 GREYSTONE DRIVE  
BOCA RATON FL 33428**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **65-0793539**

Applied For

Not Applicable

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

**JMM REAL ESTATE HOLDINGS, INC.  
11808 GREYSTONE DRIVE  
BOCA RATON FL 33428**

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. **\$366,729.68**10. Amount of Capital Contributions  
in FLORIDA to date. **7500.00**11. 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 # **P97000074833**  
NAME **JMM REAL ESTATE HOLDINGS, INC.**  
STREET ADDRESS **11808 GREYSTONE DRIVE**  
CITY-ST-ZIP **BOCA RATON FL 33428**

STREET ADDRESS

CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**  
**JAMES F. MURRAY**

Date

Daytime Phone #