

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000002005

1. Entity Name  
JRJ RESTAURANTS LIMITED



FILED

03 MAY -6 PM 8:42

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



Principal Place of Business  
5728 MAJOR BLVD., STE. 601  
ORLANDO FL 32819

Mailing Address  
5728 MAJOR BLVD., STE. 601  
ORLANDO FL 32819

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3467880

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

KHATIB, RASHID A  
5728 MAJOR BLVD., STE. 601  
ORLANDO FL 32819

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. \$2,000,000.00

10. Amount of Capital Contributions in FLORIDA to date. \$300,000

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 # P97000065227  
NAME JRJ ASSOCIATES, INC.  
STREET ADDRESS 5728 MAJOR BLVD., STE. 601  
CITY-ST-ZIP ORLANDO FL 32819

STREET ADDRESS

CITY-ST-ZIP

900018313549  
05/06/03--01128--012 \*\*526.25

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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

Rashid A. Khatib

4-18-03

407-354-2200

Date

Daytime Phone #

CR2E003 (10/02)