

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0016276 AT

DOCUMENT # A97000002457



FILED
03 JAN 16 PM 12:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name
J.R.J.A. FAMILY PARTNERSHIP, LTD.

Principal Place of Business
**2396 WATERVIEW COURT
PALM HARBOR FL 34684**

Mailing Address
**2396 WATERVIEW COURT
PALM HARBOR FL 34684**



2. Principal Place of Business
**36750 U.S. Hwy 19
Suite, Apt. #, etc.
Unit #2448**

3. Mailing Address
**36750 U.S. Hwy 19
Suite, Apt. #, etc.
Unit # 2448**

DUE BY MAY 1, 2003

City & State
Palm Harbor, FL
Zip
34684

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Palm Harbor FL
Zip
34684

4. FEI Number **59-3478703**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BARBER, JOHN
2396 WATERVIEW COURT
PALM HARBOR FL 34684**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
**36750 U.S. Hwy 19
Unit # 2448**
City **Palm Harbor** FL Zip Code **34684**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$185,297.00**

10. Amount of Capital Contributions in FLORIDA to date.

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 #
NAME **BARBEE, JOHN W JR.**
STREET ADDRESS **2396 WATERVIEW COURT**
CITY-ST-ZIP **PALM HARBOR FL 34684**

STREET ADDRESS **36750 U.S Hwy 19 #2448**
CITY-ST-ZIP **Palm Harbor FL 34684**

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STREET ADDRESS **300010151373**
CITY-ST-ZIP **01/16/03 01029 005 **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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date **1/10/03** Daytime Phone # **727-784-7713**

CR2E003 (10/02)

PLEASE CHECK HERE