

2002 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A97000002531

1. Entity Name

ACP-JRL PARTNERSHIP, LTD.

FILED
02 APR 25 AM 8:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

512 E. WASHINGTON ST., SUITE 200
ORLANDO FL 32801

Mailing Address

701 BRICKELL AVENUE. #3000
MIAMI FL 33131

2. Principal Place of Business

3. Mailing Address

512 E Washington St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 200

City & State

City & State

Orlando FL

Zip

Country

Zip

Country

32801

USA

DUE BY MAY 1, 2002

4. FEI Number

59-3483899

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

INTRASTATE REGISTERED AGENT CORP., INC.
701 BRICKELL AVENUE, SUITE 3000
MIAMI FL 33131

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.

SIGNATURE

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

DATE

9. Capital Contributions
as Shown on record.

\$22,000,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO 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 # P97000099054
NAME LAURICH, INC.
STREET ADDRESS 512 E. WASHINGTON ST., SUITE 200
CITY-ST-ZIP ORLANDO FL 32801

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone

4/23/02

407/650-0593

CR2E003 (9/01)