		M BUSINE	PARTNER SS REPOR			)			•	•	
DOCUMENT # A9700002544  1. Entity Name MAR-J, LTD.							FILED				
						TEE	1	2003 MAR -	4 AM	11:1	0
Principal Place of 1201 MONTCALM ORLANDO FL 328	STREET	<u> </u>	Mailing Address 1201 MONTCALM STREET ORLANDO FL 32806			DIVIJION OF CORPORATIONS FALLAHASSEE, FLORIDA					
2. Principal Plac	ce of Busine	ss	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DUE BY MAY 1, 2003 -				
City & State			City & State				4. FEI Number	59-3481035		-	Applied For
Zip .	Zip : Country		Zip	Count			5. Certificate o	Status Desired			Not Applicable  5 Additional aguired
- i	6. Name a	nd Address of Current F	l Registered Agent		T		7. Name and A	ddress of New F	Registered		
THOMAS, JACK W JR. 1201 MONTCALM STREET ORLANDO FL 32806					Name Street Address (P.O. Box Number is Not Acceptable)						
					City				F	<b>-</b>	Code
<ol><li>The above na the obligation</li></ol>			the purpose of changing i	its register	ed office or	registere	ed agent, or both,	in the State of Flo	orida. Fam	n tamiliar -	with, and accept
SIGNATURE -	Joseph	J. Thomas	for JACKY.	THOM	1 M 5	Jr.	Presia	ert	- 2	25	03
9. Capital Centributions as Shown on record.  \$1,000,000.00			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 G NOTE:	ENERAL PARTNER T	HAT IS A BUSINESS E Y NOT be changed on	NTITY M	IUST BE F	REGIST	ERED AND AC	TIVE WITH TH	IS OFFIC eneral pa	E. artner.	
12. GENERAL PARTNER INFORMATION								ADDRESS CH			
NAME T	97000095 HE MAR-J		STR	EET ADDRESS							
	201 MONT PRLANDO	CALM STREET FL 32806		CITY	'-ST-ZIP		1771				
DOCUMENT # NAME				STR	EET ADDRESS		03/04/	<del>30133</del> 301002-	-021	**52	6.25
STREET ADDRESS City-St-ZIP				CITY	'-ST-ZIP						
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STREET ADDRESS CITY-ST-ZIP				CITY	'-ST-ZIP						
DOCUMENT # NAME				STR	EET ADDRESS					···	
STREET ADDRESS CITY-ST-ZIP				CITY	'-ST-ZIP						
DOCUMENT /				· ·	TET 4000000				1		

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

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

NAME STREET ADDRESS

CITY-ST-ZIP DOCUMENT #

CITY-ST-ZIP

2-27-03 407-859-9344 Date Daytime Phone #