

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00:7120 1/1

DOCUMENT # A98000000756

1. Entity Name

JAS FLORIDA PARTNERS LIMITED

00 MAR 31 AM 10:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*2/4/12*



DO NOT WRITE IN THIS SPACE

Principal Place of Business 6400 EAST ROGERS CIRCLE BOCA RATON FL 33499	Mailing Address 6400 EAST ROGERS CIRCLE BOCA RATON FL 33499-0001
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

4. FEI Number 65-0824205	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

SETA, JOE D  
6400 EAST ROGERS CIRCLE  
BOCA RATON FL 33499

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. \$650,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 # P98000027349	NAME JAS FLORIDA MANAGEMENT, INC.	STREET ADDRESS	<p>300003213213-3</p> <p>-04/18/00-01104-003</p> <p>****535.00 ****535.00</p>
STREET ADDRESS 2300 GLADES ROAD, SUITE 302-E	CITY - ST - ZIP BOCA RATON FL 33062	CITY - ST - ZIP	
CITY - ST - ZIP	CITY - ST - ZIP		
DOCUMENT #	NAME	STREET ADDRESS	
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STREET ADDRESS	CITY - ST - ZIP	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]* SIGNATURE REQUIRED *[Signature]* 3/28/2000 (561) 994-2660  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER JOE D. SETA Date Daytime Phone #

CR2E003 (9/99)