


# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0010838 AT

<b>DOCUMENT #</b> A98000000808	
<b>1. Entity Name</b> JACKS' SUNILAND CENTER, LTD.	

**FILED**  
03 MAY -1 PM 6:11  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**MJH**

<b>Principal Place of Business</b> 13701 S.W. 147TH AVE. MIAMI FL 33196	<b>Mailing Address</b> 13701 S.W. 147TH AVE. MIAMI FL 33196
<b>2. Principal Place of Business</b> 1606 NW 183 TERR.	<b>3. Mailing Address</b> 1606 NW 183 TERR.



<b>Suite, Apt. #, etc.</b>		<b>Suite, Apt. #, etc.</b>		<b>DUE BY MAY 1, 2003</b>	
<b>City &amp; State</b> Pembroke Pines, FL	<b>City &amp; State</b> Pembroke Pines, FL	<b>4. FEI Number</b> 16-4329750	<b>Applied For</b> <input type="checkbox"/> Not Applicable		
<b>Zip</b> 33029	<b>Country</b> USA	<b>Zip</b> 33029	<b>Country</b> USA	<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  ATRIUM REGISTERED AGENTS, INC. 1500 SAN REMO AVE., SUITE 125 CORAL GABLES FL 33146	<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code
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**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.

<b>9. Capital Contributions</b> as Shown on record. <b>\$3,000,000.00</b>	<b>10. Amount of Capital Contributions</b> in FLORIDA to date.	<b>11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE</b> <b>SEE REVERSE SIDE FOR FEE INFORMATION</b>
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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	
<b>DOCUMENT #</b> P98000027888	<b>NAME</b> JACKS' SUNILAND CENTER, INC.	<b>STREET ADDRESS</b>	1606 NW 183 TERR.
<b>STREET ADDRESS</b> 13701 S.W. 147TH AVE.	<b>CITY-ST-ZIP</b> MIAMI FL 33196	<b>CITY-ST-ZIP</b>	Pembroke Pines, FL 33029
<b>DOCUMENT #</b>	<b>NAME</b>	<b>STREET ADDRESS</b>	
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>	
<b>DOCUMENT #</b>	<b>NAME</b>	<b>STREET ADDRESS</b>	400017840204
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>	05/01/03--01063--024 **526.25
<b>DOCUMENT #</b>	<b>NAME</b>	<b>STREET ADDRESS</b>	
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>	
<b>DOCUMENT #</b>	<b>NAME</b>	<b>STREET ADDRESS</b>	
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>	
<b>DOCUMENT #</b>	<b>NAME</b>	<b>STREET ADDRESS</b>	
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>	

**14.** I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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

4/28/03

**Date** **Daytime Phone #**

CR2E003 (10/02)

STAPLE CHECK HERE