2000	ONIFORM BUSI	NE22 KELOI	H	(UBK)	<u> </u>
DOCUMENT # A9800001076 🗦					FILED
JAJOLO LIMITED PARTNERSHIP					FILED SECRETARY OF STATE DIVISION OF CORPORATIONS
<u> </u>			<u> </u>	· · · · · ·	00 JUN -7 PH 1: 33
Principal Place of Business % STEPHEN A. TAMPOSI 2450 N. CITRUS HILLS BLVD. HERNANDO FL 34442		Mailing Address % STEPHEN A. TAMPOSI 2450 N. CITRUS HILLS BLVD. HERNANDO FL 34442-5348			
2. Principal Place of Business		3. Mailing Address			L I DANAUK NAMO KANDI KANDI KANDI KANDI BUNK BUNK BUNK BUNK BUNK BUNK BUNK BUNK
Suite, Apt. #, etc.		Suite, Apt. #, etc.		 .	DO NOT WRITE IN THIS SPACE
City & State		City & State			4. FEI Number Applied For S9-3507061 Not Applicable
Zip Country		Zip	Country		5. Certificate of Status Desired See Required Fee Required
	6. Name and Address of Current f	Registered Agent		Name	7. Name and Address of New Registered Agent
ABEL, ERIC D ESQ.				~ •	(CO Day Name of Mat Assessable)
2476 N ESSEX AVE				Street Address	s (P.O. Box Number is Not Acceptable)
HERNANDO FL 34442				City	⊏
				City	ГЬ
B. The above	named entity submits this statement for	the purpose of changing its re	egistere	ed office or registe	ered agent, or both, in the State of Florida.
SIGNATURE _	Signature, typed or printed name of registered agent a	ord title if applicable (NOTE:	Registere	d Agent signature require	red when reinstating) DATE
9. Capital Contributions as Shown on record. \$250,000.00 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 TO NOTE: General Partners MA	HAT IS A BUSINESS ENT Y NOT be changed on the	TTY-M	UST-BE-REGIS ; an amendme	STERED AND ACTIVE WITH THIS OFFICE, ent must be filed to change a general partner.
12.	GENERAL PARTNER	INFORMATION	13.		ADDRESS CHANGES ONLY
DOCUMENT # 1 Name Street address	P97000104372 KELLER COURT, INC. 2450 N. CITRUS HILLS BLVD.		1	ET ADDRESS	
CITY-ST-ZIP ·	HERNANDO FL 34442		CITY	-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS			ı	ET ADDRESS	6000032990867 -06/21/0001065018
CITY-ST-ZIP	<u></u>		CITY	- ST-ZIP	
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STREET ADDRESS CITY-ST-ZIP DOCUMENT#			CUA	- ST- ZIP	
NAME STREET ADDRESS				ET ADDRESS	
CITY-ST-ZIP DOCUMENT # .9			-	ET ADDRESS	
NAME STREET ADDRESS CITY-ST-ZIP			CITY	- ST- ZIP	
DOCUMENT /			STRE	ET ADDRESS	
STREET ADDRESS CITY-ST-20P			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 Date Date Date Date Date Date Date					

STEPHEN A. TAMPOSI