

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0015765  
AT

02 APR 22 PM 3:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**DOCUMENT # A98000001076**

1. Entity Name  
**JAJOLO LIMITED PARTNERSHIP**

Principal Place of Business <b>% STEPHEN A. TAMPOSI 2450 N. CITRUS HILLS BLVD. HERNANDO FL 34442</b>	Mailing Address <b>% STEPHEN A. TAMPOSI 2450 N. CITRUS HILLS BLVD. HERNANDO FL 34442</b>
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2. Principal Place of Business <b>2476 N. ESSEX AVE.</b>	3. Mailing Address <b>2476 N. ESSEX AVE.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Hernando, FL</b>	City & State <b>Hernando, FL</b>
Zip <b>34442</b>	Zip <b>34442</b>
Country	Country

<b>DUE BY MAY 1, 2002</b>	
4. FEI Number <b>59-3507061</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**ABEL, ERIC D ESQ.  
2476 N ESSEX AVE  
HERNANDO FL 34442**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. <b>\$250,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. <b>MAKE CHECK PAYABLE TO DEPT. OF STATE 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	
DOCUMENT # <b>P97000104372</b>	NAME <b>KELLER COURT, INC.</b>	STREET ADDRESS	
STREET ADDRESS <b>2450 N. CITRUS HILLS BLVD.</b>		CITY-ST-ZIP	
CITY-ST-ZIP <b>HERNANDO FL 34442</b>			
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
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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 REQUIRED** **4-16-02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)