2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000001211

1. Entity Name

JRC RICKETTS, LTD.

FILED

01 MAY 14 AM 8:50

Principal Place of Business	Mailing Address
5701 MARINER DRIVE. #801 TAMPA FL 33609	5701 MARINER DRIVE. #801 TAMPA FL 33609

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3510746 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RICKETTS, JEAN S 5701 MARINER DRIVE, #801 TAMPA FL 33609	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. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE. SEE REVERSE SIDE FOR FEE INFORMATION.
$5,000,000.00	393,960	

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 #		STREET ADDRESS	
NAME	RICKETTS, JEAN S	CITY-ST-ZIP	
STREET ADDRESS	5701 MARINER DRIVE, #801		
CITY-ST-ZIP	TAMPA FL 33609		
DOCUMENT #		STREET ADDRESS	
NAME	RICKETTS, RODNEY H	CITY-ST-ZIP	400004416724--1
STREET ADDRESS	5 TIMBER LANE		05/13/01 01006 007
CITY-ST-ZIP	POQUOSON VA 23662		****526.25 ****526.25
DOCUMENT #		STREET ADDRESS	
NAME	RICKETTS, JILL E	CITY-ST-ZIP	
STREET ADDRESS	4415 SWANN CIRCLE		
CITY-ST-ZIP	TAMPA FL 33609		
DOCUMENT #		STREET ADDRESS	
NAME	RICKETTS, CHESTER E	CITY-ST-ZIP	
STREET ADDRESS	3920 WEST WATROUS		
CITY-ST-ZIP	TAMPA FL 33629		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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: /Jean S. Ricketts/ 4/13/01 (813)286-1291
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #