


# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0013340 AT

**DOCUMENT #** A98000001211

**1. Entity Name**  
JRC RICKETTS, LTD.



FILED  
03 APR 23 PM 4:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**Principal Place of Business**  
5701 MARINER DRIVE, #801  
TAMPA FL 33609

**Mailing Address**  
5701 MARINER DRIVE, #801  
TAMPA FL 33609

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

**DUE BY MAY 1, 2003**

**4. FEI Number** 59-3510746

**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

Applied For  Not Applicable

**6. Name and Address of Current Registered Agent**

RICKETTS, JEAN S  
5701 MARINER DRIVE, #801  
TAMPA FL 33609

**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. 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.

**9. Capital Contributions as Shown on record.** \$5,000,000.00

**10. Amount of Capital Contributions in FLORIDA to date.** \_\_\_\_\_

**11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION**

**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 #	NAME RICKETTS, JEAN S	STREET ADDRESS	
	STREET ADDRESS 5701 MARINER DRIVE, #801		
	CITY-ST-ZIP TAMPA FL 33609		
DOCUMENT #	NAME RICKETTS, RODNEY H	STREET ADDRESS	
	STREET ADDRESS 5 TIMBER LANE		
	CITY-ST-ZIP POQUOSON VA 23662		
DOCUMENT #	NAME RICKETTS, JILL E	STREET ADDRESS	
	STREET ADDRESS 4415 SWANN CIRCLE		
	CITY-ST-ZIP TAMPA FL 33609		
DOCUMENT #	NAME RICKETTS, CHESTER E	STREET ADDRESS	
	STREET ADDRESS 3920 WEST WATROUS		
	CITY-ST-ZIP TAMPA FL 33629		
DOCUMENT #	NAME	STREET ADDRESS	
	STREET ADDRESS		
	CITY-ST-ZIP		
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 4/14/03 (757) 864-1209

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

CR2E003 (10/02)

STAPLE CHECK HERE