

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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

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

DUE BY MAY 1, 2003

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 **5701 MARINER DRIVE, #801**
CITY-ST-ZIP **TAMPA FL 33609**

STREET ADDRESS
CITY-ST-ZIP **400016699244**
04/23/03--01010--023 **526.25

DOCUMENT #
NAME **RICKETTS, RODNEY H**
STREET ADDRESS **5 TIMBER LANE**
CITY-ST-ZIP **POQUOSON VA 23662**

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME **RICKETTS, JILL E**
STREET ADDRESS **4415 SWANN CIRCLE**
CITY-ST-ZIP **TAMPA FL 33609**

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME **RICKETTS, CHESTER E**
STREET ADDRESS **3920 WEST WATROUS**
CITY-ST-ZIP **TAMPA FL 33629**

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
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CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
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: *[Signature]* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/14/03 *(757) 864-1209*
Date Daytime Phone #

0013340 AT

CR2E003 (10/02)

STAPLE CHECK HERE