

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000001252**

1. Entity Name

JAGS OF SARASOTA, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JAN 29 AM 10:22



Principal Place of Business

C/O STEVEN R. MATZKIN
1343 MAIN STREET, 7TH FLOOR
SARASOTA FL 34236

Mailing Address

C/O STEVEN R. MATZKIN
1343 MAIN STREET, 7TH FLOOR
SARASOTA FL 34236

2. Principal Place of Business

1 South School Ave

Suite, Apt. #, etc.

Ste # 1,000

City & State

Sarasota, FL

Zip

34237

Country

USA

3. Mailing Address

1 S. School Ave

Suite, Apt. #, etc.

Ste 1,000

City & State

Sarasota, FL

Zip

FL

Country

34237

DUE BY MAY 1, 2002

4. FEI Number

65-0835932

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MATZKIN, STEVEN R
1 SOUTH SCHOOL AVE., STE. #1000
SARASOTA FL 34237-6046

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

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

DATE

9. Capital Contributions
as Shown on record.

\$1,617,000.00

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 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

DOCUMENT # P98000044861
NAME JAGS-AIR, INC.
STREET ADDRESS 1 SOUTH SCHOOL AVE., STE. #1000
CITY-ST-ZIP SARASOTA FL 34237-6046

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

400004882954--9

-02/06/02--01038--011

***526.25 ***526.25

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)

0015638 AT