

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0019020 MB

**DOCUMENT # A98000001770**

1. Entity Name  
**JOEMAR CAPITAL INVESTMENTS, LTD.**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

WJ/10

03 APR -4 PM 4: 24

Principal Place of Business  
**544 SUGARTOWN ROAD  
MALVERN PA 19355**

Mailing Address  
**544 SUGARTOWN ROAD  
MALVERN PA 19355**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

**DUE BY MAY 1, 2003**

4. FEI Number **59-3523651**

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**

**KATZ, LAWRENCE H  
341 NORTH MATLAND AVENUE, SUITE 120  
MATLAND FL 32751**

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. **\$600,000.00**

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 # **P98000063675**  
NAME **FRJM, INC.**  
STREET ADDRESS **544 SUGARTOWN ROAD**  
CITY-ST-ZIP **MALVERN PA 19355**

STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

14. I hereby certify that the information submitted 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

3/26/03

610-296-9730

Date      Daytime Phone #

CR2E003 (10/02)

STATE CHECK HERE