

2000 UNIFORM BUSINESS REPORT (UBR)

0001160 AF

DOCUMENT # A98000002847

1. Entity Name
JSML MURPHY LIMITED PARTNERSHIP

APPROVED
AND
FILED

00 APR -3 AM 11:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Handwritten signature/initials

Principal Place of Business
165 LESLIE LANE
LAKE MARY FL 32746

Mailing Address
165 LESLIE LANE
LAKE MARY FL 32746-3843



DO NOT WRITE IN THIS SPACE

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

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number
59-3547988
APPLIED FOR
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MURPHY, JAMES B
165 LESLIE LANE
LAKE MARY FL 32746

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 *James B. Murphy* (NOTE: Registered Agent signature required when reinstating) DATE 3-30-00

9. Capital Contributions as Shown on record: \$2,990,792.00 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			13. ADDRESS CHANGES ONLY	
DOCUMENT #	MURPHY, JAMES B	STREET ADDRESS		
NAME	165 LESLIE LANE	CITY - ST - ZIP	300003215023--4	
STREET ADDRESS	LAKE MARY FL 32746		04/19/00-01089-015	
CITY - ST - ZIP			***526.25 ***526.25	
DOCUMENT #	MURPHY, JOAN T	STREET ADDRESS		
NAME	165 LESLIE LANE	CITY - ST - ZIP		
STREET ADDRESS	LAKE MARY FL 32746			
CITY - ST - ZIP				
DOCUMENT #		STREET ADDRESS		
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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: *James B. Murphy* 3-30-00 407-381-0227
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
James B. Murphy

CR2E003 (9/99)