

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # A99000000628**

1. Entity Name  
**J.P. PERRY JR. FAMILY PARTNERSHIP, LTD.**



FILED

03 MAR -5 PM 12:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**C/O WALKER, KOEGLER & DILLINGHAM, P.A.  
217 PONTE VEDRA PARK DRIVE, SUITE 200  
PONTE VEDRA BEACH FL 32082**

Mailing Address  
**P.O. BOX 676  
PONTE VEDRA BEACH FL 32004**



|                                |         |                     |         |   |  |
|--------------------------------|---------|---------------------|---------|---|--|
| 2. Principal Place of Business |         | 3. Mailing Address  |         | <b>DUE BY MAY 1, 2003</b>   |  |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         | 4. FEI Number <b>59-3570766</b>   |  |
| City & State                   |         | City & State        |         | Applied For<br>Not Applicable   |  |
| Zip                            | Country | Zip                 | Country | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |

|   |  |  |  |  |  |           |          |
|---|--|--|--|--|--|-----------|----------|
| 6. Name and Address of Current Registered Agent   |  |  | 7. Name and Address of New Registered Agent        |  |  |           |          |
| <b>WALKER, JAMES V<br/>217 PONTE VEDRA PARK DRIVE, SUITE 200<br/>PONTE VEDRA BEACH FL 32082</b> |  |  | Name   |  |  |           |          |
|   |  |  | Street Address (P.O. Box Number is Not Acceptable) |  |  |           |          |
|   |  |  | City   |  |  | <b>FL</b> | 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. <b>\$568,100.00</b> | 10. Amount of Capital Contributions in FLORIDA to date. <b>568,100.00</b> | 11. <b>MAKE CHECK PAYABLE TO FL. DEPT. OF STATE<br/>SEE REVERSE SIDE FOR FEE INFORMATION</b> |
|--|---|--|

**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 #                      | PERRY, J.P. JR.       | STREET ADDRESS           | 300013552193                  |
| NAME                            | 3342 KORI ROAD        | CITY-ST-ZIP              | 03/05/03--01068--011 **526.25 |
| STREET ADDRESS                  | JACKSONVILLE FL 32257 | STREET ADDRESS           |                               |
| CITY-ST-ZIP                     |                       | CITY-ST-ZIP              |                               |
| DOCUMENT #                      |                       | STREET ADDRESS           |                               |
| NAME                            |                       | CITY-ST-ZIP              |                               |
| STREET ADDRESS                  |                       | STREET ADDRESS           |                               |
| CITY-ST-ZIP                     |                       | CITY-ST-ZIP              |                               |
| DOCUMENT #                      |                       | STREET ADDRESS           |                               |
| NAME                            |                       | CITY-ST-ZIP              |                               |
| STREET ADDRESS                  |                       | STREET ADDRESS           |                               |
| CITY-ST-ZIP                     |                       | CITY-ST-ZIP              |                               |
| DOCUMENT #                      |                       | STREET ADDRESS           |                               |
| NAME                            |                       | CITY-ST-ZIP              |                               |
| STREET ADDRESS                  |                       | STREET ADDRESS           |                               |
| CITY-ST-ZIP                     |                       | 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:** *J. P. Perry, Jr.* **J. P. Perry, Jr.**      3/4/03      (904) 268-7310

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

STAPLE CHECK HERE

CR2E003 (10/02)