2001 UNIFORM BUSINESS REPOID DOCUMENT # A99000001153 THE JFL FAMILY LIMITED PARTNERSHIP						· · · · · · · · · · · · · · · · · · ·				
							FJI	LED		
Principal Place of Business Mailing Address							─ <mark>01 APR 3</mark>	30 PM 12: 23		
				P.O. BOX 6280 VERO BEACH FL 32961				RY OF STATE See, florida Inhinin hii hii hii fii hii i	::::::::::::::::::::::::::::::::::::::	
2. Principal Place of Business 3. Mailing Address										
Suite, Apt. #, etc. Suite, Apt. #, et				Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State				City & State			4. FEI Numbe	59-3597497	Applied F	
Zip Country			Zip	Country		5. Certificate of	of Status Desired	\$8.75 Additional Fee Required		
6. Name and Address of Current Registered			gistered Agent			7. Name and	Address of New Register	ed Agent		
LINDSEY, 500 11TH VERO BEA		i2				Street Addre	ess (P.O. Box Number	r is Not Acceptable)		
						City			Zip Code	
		submits this	s statement for th	e purpose of changing its	registere	ed office or regi	istered agent, or both	n, in the State of Florida.		
SIGNATURE .	Signature, typed o	r printed name o	f registered agent and	title if applicable. (NO1	: Registere	d Agent signature rec	quired when reinstating)	DA		-
9. Capital Contributions as Shown on record. \$2,358,962.00 In FLORIDA to distance in FLORID					ite. 2	,358,96	2.00	- Lucia	FOR FEE INFORMATIO	
	A G NOTE:	ENERAL General F	PARTNER THA Partners MAY I	AT IS A BUSINESS EN NOT be changed on ti	e form	UST BE REG ; an amendr	RISTERED AND AG nent must be filed	CTIVE WITH THIS OFF I to change a general	ICE. partner.	
2. GENERAL PARTNER INFORMATION					13.			ADDRESS CHANGES		
OCUMENT #	1				STRE	ET ADDRES\$				
IAME JFLGP, INC. STREET ADDRESS CITY-ST-ZIP VERO BEACH FL 32968					CITY	- ST - ZIP	,			
DOCUMENT #	TENO DES	511 1 E 020			STRE	ET ADDRESS				
STREET ADDRESS City-St-Zip					CITY	-ST-Z∤P		0000421	9149	=
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OCUMENT #	l				етпс	ET ADDRESS				

14. If hereby certify that the information supplied with this filing does not qualify fo 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 he 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 Chap er 620, Florida Statutes

CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP

JEQUE FOR ALLE FIES TICO INC. Joan F. Lindsey 4/24/01 561-567-5188

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENER. L PARTNER?

Daviline Priore #