2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT- WBR

A99000001153 **DOCUMENT #**

1. Entity Name

CITY-ST-ZIP DOCUMENT #

CITY-ST-ZIP DOCUMENT #

CITY-ST-ZIP

NAME STREET ADDRESS

NAME STREET ADDRESS

THÉ JFL FAMILY LIMITED PARTNERSHIP



FILED.

03 APR 28 AM 8: 39 SECRETARY OF STATE TALLAHASSEE FLORIDA MJH Principal Place of Business 7300 4TH ST. Mailing Address P.O. BOX 6280 VERO BEACH FL 32968 VERO BEACH FL 32961 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. **DUE BY MAY 1, 2003** City & State City & State Applied For 4. FEI Number 59-3597497 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LINDSEY, JEAN F Street Address (P.O. Box Number is Not Acceptable) 500 11TH AVE. VERO BEACH FL 32962 City 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 Signature, typed or printed name of registered agent and title if applicable. 9. Capital Contributions 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE 10. Amount of Capital Contributions \$2,358,962.00 2,358,962,00 in FLORIDA to date. as Shown on record. 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 ADDRESS CHANGES ONLY 13. P99000060064 DOCUMENT # STREET ADDRESS JFLGP, INC. 7300 4TH ST. STREET ADDRESS CITY-ST-ZIP VERO BEACH FL 32968 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME 79001719510 STREET ADDRESS CITY-ST-ZIP 04/28/03---01072---027 **526.25 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME 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

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS