

# 2002 UNIFORM BUSINESS REPORT (UBR)

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APPROVED  
AND  
FILED

02 APR 24 AM 10:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**DOCUMENT # A99000001309**

1. Entity Name  
**JONATHAN D. LEWIS LIMITED PARTNERSHIP**

Principal Place of Business <b>C/O SHUTTS &amp; BOWEN, LLP 201 SOUTH BISCAYNE BLVD., 1500 MIAMI CNTR. MIAMI FL 33131</b>	Mailing Address <b>C/O SHUTTS &amp; BOWEN, LLP 201 SOUTH BISCAYNE BLVD., 1500 MIAMI CNTR. MIAMI FL 33131</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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<b>DUE BY MAY 1, 2002</b>	
4. FEI Number <b>65-0940557</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**CORPORATION COMPANY OF MIAMI  
C/O SHUTTS & BOWEN, LLP  
201 SOUTH BISCAYNE BLVD., 1500 MIAMI CNTR.  
MIAMI FL 33131**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. <b>\$1,336,500.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. <b>MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
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**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 #	<b>LEWIS, JONATHAN D 4649 PONCE DE LEON BLVD., #304 CORAL GABLES FL 33146</b>	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	<b>900005481009--9</b>
NAME		CITY-ST-ZIP	<b>-05/07/02--01049--004</b>
STREET ADDRESS			<b>*****526.25 *****526.25</b>
CITY-ST-ZIP			
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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:** *[Signature]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**

**4/19/02** **305 669-8990**  
Date Daytime Phone #

CR2E003 (9/01)