

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000002115

1. Entity Name
MJB CAPITAL, LIMITED PARTNERSHIP

Principal Place of Business Mailing Address

2. Principal Place of Business
308 Timberline Terrace

3. Mailing Address
same

Suite, Apt. #, etc.

City & State
Ormond Beach, FL

4. FEI Number
59-3615713

Applied For
 Not Applicable

Zip Country
32174 Volusia

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name: **Palmetto Charter Services, Inc.**
 Street Address (P.O. Box Number is Not Acceptable): **150 Magnolia Ave.**
 City: **Daytona Beach, FL** Zip Code: **32114**

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:  **Larry D. Marsh, V.P.**
Signature of or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. **\$2,630,329.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$2,630,329.00**

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 #
 NAME: **MJB Capital Management, LLC**
 STREET ADDRESS: **308 Timberline Terrace**
 CITY-ST-ZIP: **Ormond Beach, FL 32174**

STREET ADDRESS: **100003223231-5**
 CITY-ST-ZIP: **-04/25/00--01074--030**
*****385.00 ***385.00**

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS: **100003223231-5**
 CITY-ST-ZIP: **-04/25/00--01074--031**
*****141.25 ***141.25**

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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

MJB Capital Management, LLC, General Partner, Mary Jane Bryant, as Trustee of the Mary Jane Bryant Revocable Trust of 1999

SIGNATURE:  **Mary Jane Bryant** Date: **2-30-00** Daytime Phone #

CR2E003 (9/99)