

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0006946 AT

DOCUMENT # **A99000002171**

1. Entity Name
GJG & SONS LTD.



FILED
03 MAY -5 PM 5:07
SECRETARY OF STATE
TALLAHASSEE FLORIDA

M.J.H.

Principal Place of Business
**545 MACLAY LANE
TALLAHASSEE FL 32312**

Mailing Address
**P.O. BOX 12457
TALLAHASSEE FL 32317**



2. Principal Place of Business

3. Mailing Address

5/5

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

4. FEI Number **59-3573983**

Applied For
Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GLUESENKAMP, G J JR.
545 MACLAY LANE
TALLAHASSEE FL 32312**

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. 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. **\$5,504,345.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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 | |
|---|--|
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | GLUESENKAMP, G J JR. 545 MACLAY LANE TALLAHASSEE FL 32312 |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | GLUESENKAMP, JOSEPHINE D 545 MACLAY LANE TALLAHASSEE FL 32312 |
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| 13. ADDRESS CHANGES ONLY | |
|--------------------------|--------------------------------------|
| STREET ADDRESS | 900017918489 |
| CITY-ST-ZIP | 05/05/03--01001--013 **526.25 |
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CR2E003 (10/02)

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]* **REQUIRED TO D. Gluesenkamp, Jr. 4/30/03 893-7081**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #