


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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FILED

03 MAR 13 AM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # B00000000095 1. Entity Name J & C FOX FAMILY PARTNERSHIP, L.P.	
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Principal Place of Business 4220 N.E. 25TH AVE. FT. LAUDERDALE FL 33308-5707	Mailing Address 4220 N.E. 25TH AVE. FT. LAUDERDALE FL 33308-5707
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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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DUE BY MAY 1, 2003
4. FEI Number 65-0953915
Applied For <input type="checkbox"/> Not Applicable.

Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

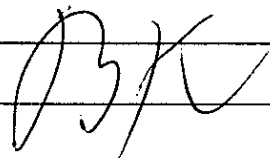
6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FOX, JOEL S 4220 N.E. 25TH AVE. FT. LAUDERDALE FL 33308-5707	Name Street Address (P.O. Box Number is Not Acceptable) City
	State: FL Zip Code

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. \$2,300,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 # F00000001801 NAME J & C FOX FAMILY CORP. STREET ADDRESS 4220 N.E. 25TH AVE. CITY-ST-ZIP FT. LAUDERDALE FL 33308-5707	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP 000013998230 03/13/03--01005--018 **\$26.25
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
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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 3/8/03 954-565-0497
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)