

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B00000000106

1. Entity Name

JPI INVESTMENT COMPANY, L.P.

REC'D JAN 14 2002

FILED

02 MAR 11 PM 3:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

600 EAS LAS COLINAS BLVD., SUITE 1800  
IRVING TX 75039

Mailing Address

600 EAS LAS COLINAS BLVD., SUITE 1800  
IRVING TX 75039

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 619091

Suite, Apt. #, etc.

City & State

DALLAS, TX

4. FEI Number

75-2383529 APPLIED FOR

Applied For

Not Applicable

Zip

Country

75261-9091

Country

DALLAS

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
as Shown on record.

\$1,395,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

1,395,000

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

DOCUMENT # B00000000106  
NAME JPI/H LIMITED PARTNERSHIP  
STREET ADDRESS 600 EAS LAS COLINAS BLVD., SUITE 1800  
CITY-ST-ZIP IRVING TX 75039

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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 REQUIRED

Joe Ratliff  
Vice President Taxation

2/22/02 972-556-3821

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

0021246 SP

CR2E003 (9/01)

STAPLE CHECK HERE