

**DOCUMENT # B93000000267**

1. Entity Name

**B & J DEVELOPMENT LIMITED PARTNERSHIP OF OHIO**



### 1. Entity Name

The Seal of the State of Florida is a circular emblem. It features a central scene with a palm tree, a sun, and a body of water. The words "GREAT SEAL OF THE STATE OF FLORIDA" are inscribed around the top, and "IN GOD WE TRUST" is at the bottom.

Mailing Address

212 EAST THIRD STREET, SUITE 300  
CINCINNATI OH 45202

### 3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Country

Country

31-6166404

Not Applicable
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**\$8.75** Additional  
Fee Required

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

FL

Zip Code

SIGNATURE

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

DATE \_\_\_\_\_

**\$0.00**

\$ 0.00

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.**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST- ZIP

800036482608

05/14/04--01060--007 \*\*141.25

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)(c), 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date: \_\_\_\_\_

Daytime Phone #