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FILED  
03 MAY -6 PM 8:46  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**2003 LIMITED PARTNERSHIP  
UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # B9300000267**

1. Entity Name  
**B & J DEVELOPMENT LIMITED PARTNERSHIP OF OHIO**



Principal Place of Business  
212 EAST THIRD STREET, SUITE 300  
CINCINNATI, OH 45202

Mailing Address  
212 EAST THIRD STREET, SUITE 300  
CINCINNATI, OH 45202

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



4. FEI Number **31-8166404**

Applied For  
Not Applicable

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

5. Name and Address of Current Registered Agent

**HAFELE, DALE G**  
12996 SOUTH CLEVELAND AVE., SUITE 214  
FORT MYERS, FL 33907

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and date if applicable

9. Capital Contributions as Shown on record. **\$0.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$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.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY -ST- ZIP	<b>F93000000965</b> <b>AYERS DEVELOPMENT CORPORATION</b> <b>212 EAST THIRD STREET, SUITE 300</b> <b>CINCINNATI, OH 45202</b>	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY -ST- ZIP		STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY -ST- ZIP		STREET ADDRESS	
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STAPLE CHECK HERE

CR2E003 (10/02)

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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:  **TRUSTEE** 4/28/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date: 4/28/03

Daytime Phone #