UN	IFOR	M BUSINE	SS REPOR	T (U	BR)	•	
DOCUMENT # B9400000027 1. Entity Name (THE BROWN - GLANDER FAMILY LIMITED PARTNERSHIP						O3 FEB 27 AM 9: 59	
Principal Place of Business 13 BELMEADE OR. BLUFFTON SC 29910			Mailing Address C/O THE KIRCH GROUP 1111 DUBLIN RD COLUMBUS OH 43215			SECRETARY GE STATE TATEDAHASSEE FLORIDA	
2. Principal Place of Business			3. Mailing Address BROWN GLANDER LTD.		R LTD.		J
Suite, Apt. #, etc.			Suite, Apt. #, etc. 13 BELMEADE DR		Dr.	DUE BY MAY 1, 2003	
City & State			Sitv & State			4. FEI Number 31-1406327 Applied For Not Applied	ole
Zip Country		Zip ,	Zip Country		5. Certificate of Status Desired S8.75 Additional Fee Required		
	6. Name	and Address of Current		T		7. Name and Address of New Registered Agent	
FERGUSON, WILLIAM S 26 WILDWOOD TRAIL					Name Street Address (P.O. Box Number is Not Acceptable)		
ORMOND BEACH FL 32174							
					City	FL Zip Code	_
the obligati	named entitions of regist		r the purpose of changing its	registered	office or regist	stered agent, or both, in the State of Florida. I am familiar with, and acce	ot !
SiGNATURE -	Signature, typed	or printed name of registered agent a	and title if applicable.			DATE	
9. Capital Co		\$330,082.40	10. Amount of Capita in FLORIDA to da		utions	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATI SEE REVERSE SIDE FOR FEE INFORMATION	
	A NOTE	GENERAL PARTNER T	HAT IS A BUSINESS EN Y NOT be changed on th	TITY MU e form;	ST BE REGIS	ISTERED AND ACTIVE WITH THIS OFFICE. sent must be filed to change a general partner.	
12.		GENERAL PARTNER		13.		ADDRESS CHANGES ONLY	
DOCUMENT # NAME	ME JRS PROPERTIES, INC. 13 BELMEADE DR.			STREET	ADDRESS	100013170481 -02/27/0301076025 **526,25	
STREET ADDRESS City-St-Zip				CITY-S	T - ZIP		
DOCUMENT# NAME				STREET	ADDRESS		
STREET ADDRESS CITY-ST-ZIP				CITY-S	T-ZIP		
DOCUMENT #				STREET	ADDRESS		
STREET ADDRESS CITY-ST-ZIP				CITY-S	T-ZIP	Р /	
DOCUMENT / NAME				STREET	ADDRESS		
STREET ADDRESS			•	City-S	T-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

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

DOCUMENT #

CITY-ST-ZIP DOCUMENT #

CITY-ST-ZIP

NAME STREET ADDRESS

NAME STREET ADDRESS

M THOMAS