LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B95000000273

1. Entity Name
JWN Family Partners, L.P., LTD.

FILED
02 MAR 20 AM 9:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6198 S. Lecanto Hwy	6198 S. Lecanto Hwy
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lecanto, FL	City & State: Lecanto, FL
Zip: 34461 Country: Citrus	Zip: 34461 Country: Citrus

DUE BY MAY 1

4. FEI Number: 62153829 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: John W. Nemeth, Jr.

Street Address (P.O. Box Number is Not Acceptable): 6198 S. Lecanto Hwy

City: Lecanto **FL** Zip Code: 34461

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: John W. Nemeth DATE
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on Record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE. SEE REVERSE SIDE FOR FEE INFORMATION
10,000.00		

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 #	B95000000273
NAME	John W. Nemeth, Jr.
STREET ADDRESS	6198 S. Lecanto Hwy
CITY-ST-ZIP	Lecanto FL 34461
DOCUMENT #	B95000000273
NAME	Judith L. Nemeth
STREET ADDRESS	6198 S. Lecanto Hwy
CITY-ST-ZIP	Lecanto FL 34461
DOCUMENT #	B95000000273
NAME	John P. Nemeth
STREET ADDRESS	6198 S. Lecanto Hwy
CITY-ST-ZIP	Lecanto FL 34461
DOCUMENT #	
NAME	
STREET ADDRESS	
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CR2E003(01/12/01)

STAPLE CHECK HERE

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: John W. Nemeth 3/18/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #