2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B9500000273

1. Entity Name

JWN FAMILY PARTNERS, L.P., LTD.

SIGNATURE:



6198 S. LECANTO HIGHWAY	Mailing Address 6198 S. LECANTO HIGHWAY		
LECANTO FL 34461	LECANTO FL 34461		
9. Principal Place of Puninces	La Mailing Addrson		
2. Principal Place of Business	l 3. Mailing Address		

APHKUTE! AND FILED

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SEGRETARY OF STATE TARBAHASSEELFUORIDA

- I 1881191 1818 18181 BURN BORN BORN BORN BORN BORN BORN BORN GENER (1811 LEGGE LIKE 1888)

Principal Place of Business 3. Mailing Address			ess						
Suite, Apt. #, etc. Suite, Apt. #, etc.		etc.			DUE BY MAY 1, 2003				
City & State City & State			4.		4. FEI Number 62-1535829 Applied Fo				
Zip Country Zip			Coun	try	5. Certificate of Status Desired S8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent				
NEMETH, JOHN W JR.					Name Street Address (P.O. Box Number is Not Acceptable)				
		· · · · · · · · · · · · · · · · · · ·							
LECANTO	FL 34461								
,	*.		*		City		FL	Zip Code	
	tions of registe	ered agent.		anging its registere	ed office or re	gistered agent, or both	n, in the State of Florida. I am f	amiliar with, and accept	
0 C3-1 C-		or printed name of registered ag	ı				DATE	TO EL DEDT OF OTATE	
9. Capital Contributions as Shown on record. \$10,000.00 in FLORIDA to date.				outions	ions 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION				
							CTIVE WITH THIS OFFICE I to change a general part		
12. GENERAL PARTNER INFORMATION			13.						
DOCUMENT # NAME STREET ADDRESS	6198 S. LE	JOHN W JR. ECANTO HWY.			ET ADDRESS -ST-ZIP		1 <mark>00132807</mark> 20301078025	DO **17.50	
CITY-ST-ZIP DOCUMENT #	LECANTO	FL 34401							
NAME STREET ADDRESS	NEMETH,	Judith L Ecanto Hwy.			ET ADDRESS	. 00	90132897 9		
CITY-ST-ZIP	LECANTO			СІТУ	-ST-ZIP	02/28/	030107 <u>7</u> 001. *	*141.25	
DOCUMENT # NAME	 Nemeth, .	JOHN P		STRE	ET ADDRESS				
STREET ADDRESS CITY-ST-ZIP	6198 S. LE LECANTO	ECANTO HWY. FL 34461		CITY	-ST-ZIP				
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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.