

LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B97000000529

1. Entity Name

JRK-FLORIDA PARTNERS, LIMITED PARTNERSHIP

DO NOT WRITE IN THIS SPACE

FILED

2002 JUN 10 PM 4:08

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

WATERSIDE APTS

Suite, Apt. #, etc.

7950 SHOALS DR.

City & State

ORLANDO, FL

Zip

32817

Country

USA

3. Mailing Address

WATERSIDE APTS

Suite, Apt. #, etc.

7950 SHOALS DR.

City & State

ORLANDO, FL

Zip

32817

Country

USA

DUE BY MAY 1

4. FEI Number

95-4654129

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

PARACORP

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

236 East 6th Avenue

City

Tallahassee FL

Zip Code

32303

**DO NOT WRITE
IN THIS SPACE**

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

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

DATE

9. Capital Contributions
as Shown on record.

\$1,100,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO 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

DOCUMENT #

B97000000529

NAME

EAGLE SHOALS, L.P.

STREET ADDRESS

11706 WILSHIRE BLVD. SUITE 1450

CITY - ST - ZIP

LOS ANGELES CA 90025

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

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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

SIGNATURE:

[Signature]

3.15.02

310.268.8344

CR2E003B (12/01)

STAPLE CHECK HERE

**DO NOT WRITE
IN THIS SPACE**

600005763926--6
06/12/02--01076--016

*****88.75 *****88.75

600005763926--6

06/12/02--01076--017
*****385.00 *****88.75

Adm-88.75

52.50
4312 385.00 14

600005763926--6
06/12/02--01076--015

*****52.50 *****52.50