

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

JUN -7 PM 4:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership

1a. DOCUMENT #
B97000000687

JAYHIL HOLDINGS L.P.

Mailing Address

Principal Office Address

C/O J. ALLEN YAGER
815 CLARIDGE HOUSE I
VERONA NJ 07044

815 CLARIDGE HOUSE I
VERONA NJ 07044

3. Date Formed or Registered

12/18/1997

5a. Capital Contributions as
Shown on record

\$805,000.00

3a. Date of Last Report

01/26/1998

5b. Amount of Capital
Contributions in FL ODA
to date

4. State or Country of Formation

NJ

6. FEI Number

22-3553339

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

8. Make check payable to Dept. of State (See reverse side for fee information)
43750+8875 = 526.25 enclosed

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

NATIONAL CORPROATE RESEARCH, LTD., INC.
1406 HAYS STREET - SUITE #2
TALLAHASSEE FL 32301

10. If changed, new Registered Agent/Office

Name: ERIC RAHINKAMP
Street Address (P.O. Box Number Is Not Acceptable)
2816 S. MACDILL AVE.
Suite, Apt. #, etc
City TAMPA FL Zip Code 33629

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I, the undersigned, am familiar with, and accept the obligations of, section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

11b. City, State & Zip Code

11c. Registration
Document Number

YAGER, J. ALLEN

815 CLARIDGE HOUSE I

VERONA NJ 07044

YAGER, PAUL R

19 AGASSIZ STREET, AP #25

CAMBRIDGE MA 02140

YAGER, HENRY M

10 LONGFELLOW PARK

CAMBRIDGE MA 02140

02138
02138

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption on state (p. Section 119.07(3)(b), Florida Statutes. I declare the Division of Corporations from any liability of non-compliance with Section 119.07(3)(b) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

J. Allen Yager
J. ALLEN YAGER

DATE

9/7/98
973-239-7121

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (8/98)