

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # B93000000236

1. Entity Name

Plangere Partners, L.P.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP -5 AM 10:02

Principal Place of Business

Mailing Address

2. Principal Place of Business

3829 Partridge Place

Suite, Apt. #, etc.

3. Mailing Address

3829 Partridge Place

Suite, Apt. #, etc.

City & State

Boynton Beach, FL

City & State

Boynton Beach, FL

Zip

33436

Country

USA

4. FEI Number

52-2060939

Applied For

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

Jules L. Plangere, Jr.
3829 Partridge Place
Boynton Beach, FL 33436

7. Name and Address of New Registered Agent

Name

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

City

FL **Zip Code**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

9. Capital Contributions as Shown on record: \$703,385

10. Amount of Capital Contributions in FLORIDA to date: \$703,385

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	<u>m98-356</u>	STREET ADDRESS	
NAME	<u>JJP, LLC</u>	CITY-ST-ZIP	
STREET ADDRESS	<u>3829 Partridge Place South</u>		
CITY-ST-ZIP	<u>Boynton Beach, FL 33436</u>		
DOCUMENT #		STREET ADDRESS	<u>9000003391949--0</u>
NAME		CITY-ST-ZIP	<u>-09/13/00--01080--008</u>
STREET ADDRESS			<u>***526.25 ***526.25</u>
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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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 provided by Chapter 620, Florida Statutes

SIGNATURE: [Signature] **6/5/00** **561-734-6482**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER _____ **Date** _____ **Daytime Phone #** _____

CR2E003 (9/99)