

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 17 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # B98000000508

1. Name of Limited Partnership

Jennings Road Partners L.P.

800007559698--3

-09/06/02--01002--020

***1052.50 ***1052.50

2. Principal Office Address

2440 SE Federal Highway

3. Mailing Office Address

PO Box 359

4. Date Formed or Registered

To Do Business in Florida 08/14/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0845256

Applied For

Not Applicable

City & State

Stuart, Florida 34994

City & State

Stuart, Florida 34995

Zip

34994

Country

U.S.A.

Zip

34994

Country

U.S.A.

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

7a. Capital Contributions as shown on Record:

\$450,000.00

7b. Amount of Capital Contributions in FLORIDA to date:

\$450,000.00

8. Name and Address of Current Registered Agent

Name

Burton G. Sharff, Esq.,

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

2315 S. Congress Avenue

Suite, Apt. #, Etc.

City

West Palm Beach,

State

FL

Zip Code

33406

FEES:

1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.

2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year.

3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent.

Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

9. 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 hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

6/30/02

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

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

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

City, State and Zip Code

10a. Registration
Document Number

STANLEY R. GARRIS

75356 Augusta Drive

Indian Wells, CA92210

800007559698--3

-10/18/02--01010--006

***578.75 ***526.25

Note: Robert C. Crandall, listed as a general partner on the application to transact business in Florida, is deceased.

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

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) 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

Stanley R. Garriss

DATE 6/30/02

Typed or Printed Name of General Partner Signing Form

Stanley R. Garriss

Telephone Number 772-287-1844