

**LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

1. Entity Name

JENNINGS ROAD PARTNERS, LP

098000000508

FILED

03 MAR -6 PM 3:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business

2440 SE Federal Hwy

3. Mailing Address

P.O. Box 359

Suite, Apt. #, etc.

Suite 600

Suite, Apt. #, etc.

City & State

Stuart, FL

City & State

Stuart, FL

Zip

34994

Country

USA

Zip

34995

Country

USA

DUE BY MAY 1

4. FEI Number

65-0845256

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Burton G. Sharff, Esq.

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

2315 S. Congress Ave.

W. Palm Beach, FL 33406

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

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

DATE

9. Capital Contributions
as Shown on record.

\$450,000

10. Amount of Capital Contributions
in FLORIDA to date.

\$450,000

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 #
NAME
STREET ADDRESS
CITY-ST-ZIP
GARRIS, Stanley R.
2440 SE Federal Hwy #600
Stuart, FL 3499

STREET ADDRESS

100013345221

CITY-ST-ZIP

03/04/03--01002--026 **526.25

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CITY-ST-ZIP

CR2E003B (12/01)

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:

Stanley R. Garriss

2/22/03

772-287-1844

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER