

2002 UNIFORM BUSINESS REPORT (UBR)

0019916 AB

DOCUMENT # **B999000000030**

1. Entity Name
JUNIPER BAY INVESTORS LIMITED PARTNERSHIP

Principal Place of Business
**P.O. BOX 31775
BILLINGS MT 59107**

Mailing Address
**P.O. BOX 31775
BILLINGS MT 59107**

FILED
02 DEC -9 AM 11:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business		3. Mailing Address		DUE BY MAY 1, 2002	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 81-0460410	Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KRUELEN, JAN 3000 TANGLEWOOD PARKWAY SEBRING FL 33872		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 DATE

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

9. Capital Contributions as Shown on record. \$850,000.00	10. Amount of Capital Contributions in FLORIDA to date. \$850,000.00	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	GREYTAK, JOHN J. JOHN & GERRY GREYTAK TRUST	STREET ADDRESS	SAME
NAME	P.O. BOX 31775	CITY-ST-ZIP	SAME
STREET ADDRESS	BILLINGS MT 59107	STREET ADDRESS	DELETE
CITY-ST-ZIP		CITY-ST-ZIP	DELETE
DOCUMENT #	GREYTAK, GERALDINE M. DELETE DECEASED	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	FF \$526.25
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	600006269646--7
CITY-ST-ZIP		CITY-ST-ZIP	-07/09/02--01005--013
			***526.25 ***526.25

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: **863-**
26-02 x 402-0769
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)