

2000 UNIFORM BUSINESS REPORT (UBR)

0008256 AF

DOCUMENT # L99000005048

1. Entity Name
BJS PARTNERS, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 15 PM 12:52

Principal Place of Business
6260 COLAN PL.
SARASOTA FL 34240

Mailing Address
P.O. BOX 610
SARASOTA FL 34230-0610



2. Principal Place of Business

3. Mailing Address

5909 21ST STREET EAST
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BRADENTON, FL.

City & State

Zip

34203

Country

MANATEE

Zip

Country

4. FEI Number

65-0945147

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

KING, CLIFFORD M
1800 SECOND STREET, #855
SARASOTA FL 34236

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

BLT

9.

MANAGING MEMBERS / MEMBERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	SMITH, JERALD H	
STREET ADDRESS	5791 NORTH HONORE AVE.	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	JANTZEN, PAUL E	
STREET ADDRESS	2223 WEBER STREET	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	BROXSON, BRUCE D	
STREET ADDRESS	3557 DOWNER AVENUE	
CITY-ST-ZIP	SARASOTA FL 34240	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10.

ADDITIONS / CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

200003148092--2
-02/25/00--0103 Change 019 Addition
*****55.00 *****55.00

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Signature Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

1-28-00

Date

941-752-1656

Daytime Phone #

CR2E083 (9/99)