



2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED

2003 NOV 20 AM 9:13

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # M0000000710					
1. Entity Name JEST ASSOCIATES-III, L.L.C.					
Principal Place of Business % WWF PAPER CORPORATION TWO BALA PLAZA BALA CYNWYD, PA 19004			Mailing Address % WWF PAPER CORPORATION TWO BALA PLAZA BALA CYNWYD, PA 19004		
2. Principal Place of Business c/o Ms. Joy Burkhardt Suite, Apt. #, etc. 3408 Goshen Road City & State Newtown Square, PA Zip 19073		3. Mailing Address Duane Morris LLP Frank G. Cooper, Esquire Suite, Apt. #, etc. One Liberty Place-Flr 43 City & State Philadelphia, PA Zip 19103			
				<input type="checkbox"/> CHECK HERE IF MAKING CHANGES	
				4. FEI Number 23-3024084	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent HOUGH, JOHN H % DUANE, MORRIS & HECKSCHER LLP 249 ROYAL PALM WAY, SUITE 403 PALM BEACH, FL 33480			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE		(NOTE: Registered Agent signature required when reinstating)		DATE	
		FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003		000024868350 11/20/03--01008--008 **\$50.00	
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FURLONG, EDWARD W JR		NAME	10341 Sherwood Manor Drive	
STREET ADDRESS	C/O TWO BALA PLAZA		STREET ADDRESS	Claiborne, MD 21624	
CITY-ST-ZIP	BALA CYNWYD, PA 19004		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURKHARDT, JOY F		NAME	3408 Goshen Road	
STREET ADDRESS	819 BLACK ROCK ROAD		STREET ADDRESS	Newtown Square, PA 19073	
CITY-ST-ZIP	GLADWYNE, PA 19035		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FURLONG, STEWART S		NAME	232 Barndt Road	
STREET ADDRESS	C/O TWO BALA PLAZA		STREET ADDRESS	Sellersville, PA 18960	
CITY-ST-ZIP	BALA CYNWYD, PA 19004		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
			REINSTATEMENT <u>2003</u>		
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 606, Florida Statutes.					
SIGNATURE: <i>Edward V. Furlong, Jr.</i>		Edward V. Furlong, Jr. President		Date: 10/8/03	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE					
Daytime Phone #					

CFR2E083 (10/02)