

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 01, 1999 8:00 am**  
**Secretary of State**

05-01-1999 90094 003 \*\*\*150.00

DOCUMENT # P98000063298

1. Corporation Name

JAX LIMITED PARTNER, INC.

Principal Place of Business

Mailing Address

MILAM, OTERO, LARSEN, DAWSON & TRAYLOR PA  
1301 RIVERPLACE BLVD., SUITE 1301  
JACKSONVILLE FL 32207

MILAM, OTERO, LARSEN, DAWSON & TRAYLOR PA  
1301 RIVERPLACE BLVD., SUITE 1301  
JACKSONVILLE FL 32207



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/17/1998

4. FEI Number

593523284

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.  
22 2750, 50 NORTH LAURA STREET  
23 JACKSONVILLE, FLORIDA

26 Suite, Apt. #, etc.  
27 2750, 50 NORTH LAURA STREET  
28 JACKSONVILLE, FLORIDA

24 FL 32202 25 USA

29 FL 32202 30 USA

9. Name and Address of Current Registered Agent

MOTOLAW, INC.  
MILAM, OTERO, LARSEN, DAWSON & TRAYLOR PA  
1301 RIVERPLACE BLVD., SUITE 1301  
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name

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

50 North Laura Street

83

Suite 2750

84

City Jacksonville

FL

85 Zip Code

32202

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation 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 the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	CHARTOUNI, NABIL E	
STREET ADDRESS	73 BROOK STREET	
CITY-ST-ZIP	LONDON W1Y 1YE ENGLAND	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SUTHERLAND, BARBARA	
STREET ADDRESS	73 BROOK STREET	
CITY-ST-ZIP	LONDON W1Y 1YE ENGLAND	
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		

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CHARTOUNI, NABIL E	
1.3 STREET ADDRESS	73 BROOK STREET	
1.4 CITY-ST-ZIP	LONDON W1Y 1YE ENGLAND	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	NPT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	VAGHADIA, VINOD	
3.3 STREET ADDRESS	73 BROOK STREET	
3.4 CITY-ST-ZIP	LONDON W1Y 1YE ENGLAND	
4.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	LALLOO, CAROL	
4.3 STREET ADDRESS	73 BROOK STREET	
4.4 CITY-ST-ZIP	LONDON W1Y 1YE ENGLAND	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

APRIL 28 1999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #