

2002 UNIFORM BUSINESS REPORT (UBR)

0013678 AT

DOCUMENT # A00000001114

1. Entity Name
VOGEL FAMILY PROPERTIES, LTD.

FILED

02 MAY -3 PM 3:05

Principal Place of Business Mailing Address

386 BELLE POINT DRIVE **386 BELLE POINT DRIVE**
ST. PETE BEACH FL 33706 **ST. PETE BEACH FL 33706**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EIN 59-3658366 ("LTD.")



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

DUE BY MAY 1, 2002

4. FEI Number APPLIED FOR

Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILKINSON, G. BARRY
% LEFTER, CUSHMAN & WILKINSON, P.A.
696 FIRST AVE. NORTH, SUITE 201
ST. PETERSBURG FL 33701

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.

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

9. Capital Contributions as Shown on record. **\$3,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

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	L0000008400 VOGEL PROPERTIES, L.L.C. 386 BELLE POINT DRIVE ST. PETERSBURG FL 33706
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	400005577664--1
CITY-ST-ZIP	-05/21/02--01069--007 ***526.25 ***526.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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: *James A. Vogel*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/1/02 (727) 797-9599
Date Daytime Phone #
(727) 367-3844

CR2E003 (9/01)