

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0006985
AT

02 APR 26 PM 1:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # A00000001363
1. Entity Name
 GARAK FLP, LTD.

Principal Place of Business 4142 DORCHESTER COURT CHIPLEY FL 32428	Mailing Address 4142 DORCHESTER COURT CHIPLEY FL 32428
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2. Principal Place of Business 2101 W. Hwy 390 Suite, Apt. #, etc. Apt # 1007 City & State Lynn Haven FL. Zip 32444 Country USA	3. Mailing Address 2101 W. Hwy 390 Suite, Apt. #, etc. Apt # 1007 City & State Lynn Haven FL. Zip 32444 Country USA
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DUE BY MAY 1, 2002

4. FEI Number 59-3670091	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BABER, GEORGE LARRY JR
4142 DORCHESTER COURT
CHIPLEY FL 32428

7. Name and Address of New Registered Agent

Name: Baber, George Larry Jr.
 Street Address (P.O. Box Number is Not Acceptable): 2101 W Hwy 390
 Apt # 1007
 City: Lynn Haven FL Zip Code: 32444

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: 24/4/02

9. Capital Contributions as Shown on record. \$10,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P00000075831 GARAK INVESTMENTS, INC. 4241 DORCHESTER COURT CHIPLEY FL 32428
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	2101 W. Hwy 390 Apt 1007
CITY-ST-ZIP	Lynn Haven FL. 32444
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	000005450510--2
CITY-ST-ZIP	-05/03/02--01068--029 ***158.75 ***158.75
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: DATE: 24/4/02 DAYTIME PHONE #: 850 248-0048

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CFR2E003 (9/01)