2002 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A01000000402

FILED
02 JAN 25 AM 11:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name
B & G FAMILY PARTNERSHIP, LLLP

Principal Place of Business	Mailing Address
17450 N.E. STATE ROAD 121 WILLISTON FL 32696	17450 N.E. STATE ROAD 121 WILLISTON FL 32696

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 59 - 3707141 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BELL, CORRIE F JR. 17450 N.E. STATE ROAD 121 WILLISTON FL 32696	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.	$8,000,000.00	10. Amount of Capital Contributions in FLORIDA to date.	526.25	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	13.	ADDRESS CHANGES ONLY
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P01000023409 C.F. BELL ENTERPRISES, INC. 17450 N.E. STATE ROAD 121 WILLISTON FL 32696	STREET ADDRESS CITY-ST-ZIP	800004850098--9 -01/31/02--01027--013 ****526.25 ****526.25
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CR2E003 (9/01)

STAPLE CHECK HERE

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: Corrie F Bell Jr SIGNATURE REQUIRED Corrie F Bell, JR 1-7-02 352 528 0887
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #