

2002 UNIFORM BUSINESS REPORT (UBR)

0015627 AT

DOCUMENT # A01000000858

1. Entity Name
J & P CORCORAN FAMILY PARTNERSHIP, LLLP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 MAY 14 PM 1:53
VCS/29

Principal Place of Business
**4060 ROBERTS POINT ROAD
SARASOTA FL 34242**

Mailing Address
**4060 ROBERTS POINT ROAD
SARASOTA FL 34242**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DUE BY MAY 1, 2002

4. FEI Number
65-1117610

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**NAPOLITANO, JOHN E
100 WALLACE AVE.
SUITE 240
SARASOTA FL 34237**

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. **\$50,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **0**

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	FAMILY MANAGEMENT, LLC 4060 ROBERTS POINT ROAD SARASOTA FL 34242
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS CITY-ST-ZIP	
STREET ADDRESS CITY-ST-ZIP	800005638748-5 -05/30/02--01007--030 ***541.25 ***541.25
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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: **X [Signature]** **SIGNATURE REQUIRED** **Joseph Corcoran Member** **2/4/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

CR2E003 (9/01)