2002 UNIFORM BUSINESS REPORT (UBR)

0006266 AT

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FILED
02 APR 23 AM 9:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A01000001085

1. Entity Name

GEIGER VENTURES, LLLP

Principal Place of Business	Mailing Address
5135 DUNN AVE. JACKSONVILLE FL 32218	5135 DUNN AVE. JACKSONVILLE FL 32218

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 59-3738011 142112 ☐ 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
GEIGER, ELWOOD E 5135 DUNN AVE. JACKSONVILLE FL 32218	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.	$3,500,000.00	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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	GEIGER, ELWOOD E TRUSTEE 5135 DUNN AVE. JACKSONVILLE FL 32218	STREET ADDRESS CITY-ST-ZIP	500005361505--5
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	GEIGER, MARILYN T TRUSTEE 5135 DUNN AVE. JACKSONVILLE FL 32218	STREET ADDRESS CITY-ST-ZIP	-04/29/02--01008--024 ****526.25 ****526.25
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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: Marilyn T. Geiger (signature) Marilyn T. Geiger General Partner — 4/18/02 — 904-765-2630
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #