FILED

03 MAY -6 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A01000001415

1. Entity Name
THE CUNNINGHAM FAMILY LIMITED PARTNERSHIP

| Principal Place of Business | Mailing Address |
|---|---|
| 50 BROADRIVER ROAD<br>ORMOND BEACH, FL 32174 | 50 BROADRIVER ROAD<br>ORMOND BEACH, FL 32174 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc.: 3 SIGNAL AVE. STE A | Suite, Apt. #, etc.: 3 SIGNAL AVE. SUITE A |
| City & State: ORMOND BEACH, FL | City & State: ORMOND BEACH, FL |
| Zip: 32174 Country: USA | Zip: 32174 Country: USA |

DUE BY MAY 1, 2003

4. FEI Number: 04-3648495 ☐ 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 |
|---|---|
| CHIUMENTO, MICHAEL D<br>4 OLD KINGS ROAD NORTH, SUITE B<br>PALM COAST, FL 32137 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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. I am familiar with, and accept the obligations of registered agent.

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

| 9. Capital Contributions as Shown on record. | 10. Amount of Capital Contributions in FLORIDA to date. | 11. MAKE CHECK PAYABLE TO FL DEPT. OF STATE<br>SEE REVERSE SIDE FOR FEE INFORMATION |
|---|---|---|
| $2,000,000.00 | | |

**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 # | P01000101703 | STREET ADDRESS | 3 SIGNAL AVE. SUITE A |
| NAME | PM CUNNINGHAM, INC. | CITY-ST-ZIP | ORMOND BEACH, FL 32174 |
| STREET ADDRESS | 60 BROADRIVER ROAD | | |
| CITY-ST-ZIP | ORMOND BEACH, FL 32174 | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | 700014322967 |
| NAME | | CITY-ST-ZIP | 05/06/03--01070--013 **376.25 |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | 700014322967 |
| NAME | | CITY-ST-ZIP | 03/18/03--01031--032 **150.00 |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |

STAPLE CHECK HERE

CR2E003 (10/02)

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #