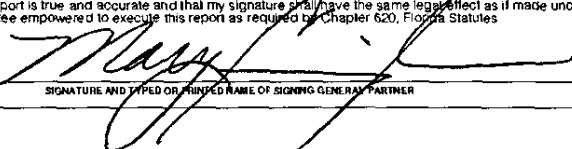


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**2003 LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # A01000001415		
1. Entity Name THE CUNNINGHAM FAMILY LIMITED PARTNERSHIP		
Principal Place of Business 50 BROADRIVER ROAD ORMOND BEACH, FL 32174		Mailing Address 50 BROADRIVER ROAD ORMOND BEACH, FL 32174
2. Principal Place of Business		3. Mailing Address
Suite, Apt., etc. 3 SIGNAL AVE. Suite 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		Country USA
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 4 OLD KINGS ROAD NORTH, SUITE B PALM COAST, FL 32137		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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ DATE _____		
9. Capital Contributions as Shown on record. \$2,000,000.00		
10. Amount of Capital Contributions in FLORIDA to date.		
11. MAKE CHECK PAYABLE TO FL 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 P01000101703 PM CUNNINGHAM, INC. STREET ADDRESS 60 BROADRIVER ROAD CITY-ST-ZIP ORMOND BEACH, FL 32174	STREET ADDRESS 3 SIGNAL AVE. Suite A CITY-ST-ZIP ORMOND BEACH, FL 32174	
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP	
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DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT / NAME 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		

STAPLE CHECK HERE

CH2E003 (10/02)

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05/06/03--01070--013 **376.25

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03/18/03--01031--032 **150.00