LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

FILED
02 JUN 18 AM 11:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A01000001421

1. Entity Name
EDEWAARD FAMILY LIMITED PARTNERSHIP

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
11 SE 7TH STREET	11 SE 7TH STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: POMPANO BEACH, FL	City & State: POMPANO BEACH, FL
Zip: 33060 Country:	Zip: 33060 Country:

DUE BY MAY 1

4. FEI Number: 65-1156509 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: C CRAIG EDEWAARD
Street Address (P.O. Box Number is Not Acceptable): 11 SE 7 TH STREET
City: POMPANO BEACH FL Zip Code: 33060

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: 1000.00

10. Amount of Capital Contributions in FLORIDA to date: 1000.00

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 #	~~A01000001421~~
NAME	C CRAIG EDEWAARD
STREET ADDRESS	11 SE 7TH STREET
CITY-ST-ZIP	POMPANO BEACH, FL 33060
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

STREET ADDRESS / CITY-ST-ZIP

100005892171--8
-06/21/02--01004--001
*****88.75 *****88.75

100005892171--8
-06/21/02--01004--002
*****52.50 *****52.50

DO NOT WRITE IN THIS SPACE

CR2E038 (12/01)

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: X [signature] 5/16/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #