

2002 UNIFORM BUSINESS REPORT (UBR)

001869 AT

APPROVE
AND
FILED

02 MAR 28 AM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A23904

1. Entity Name
SOUTHERN MILITARY LIMITED PARTNERSHIP

| | |
|--|--|
| Principal Place of Business 21 N. MILITARY TRAIL, SUITE J WEST PALM BEACH FL 37415 | Mailing Address 21 N. MILITARY TRAIL, SUITE J WEST PALM BEACH FL 37415 |
|--|--|



| | | |
|---|---|---------------------------|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. | DUE BY MAY 1, 2002 |
| City & State | City & State | |

| | |
|---|--|
| 4. FEI Number 59-2661157 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

| | | | |
|--|--|--|--|
| 6. Name and Address of Current Registered Agent FELDMAN, JEFF 21 N. MILITARY TRAIL, SUITE J WEST PALM BEACH FL 33415 | | 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. \$544,500.00 | 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 | J16495 SOUTHERN MILITARY ASSOC. 21 N MILITARY TRAIL, SUITE J W. PALM BCH. FL 33415 | STREET ADDRESS | |
| | | CITY-ST-ZIP | 400005191914--6 -04/04/02--01037--020 ***526.25 ***526.25 |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | STREET ADDRESS | |
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| | | 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: H.S. HOFFMAN 3-26-02 561 684 2884
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE