

2002 UNIFORM BUSINESS REPORT (UBR)

0016431 AT

DOCUMENT # A93000000849

1. Entity Name

THE SHELPH FAMILY LIMITED PARTNERSHIP

APPROVE
AND
FILED
02 APR 17 PM 2:39
SECRETARY OF STATE
TALLAHASSEE-FLORIDA

Principal Place of Business

**10310 SOUTH OCEAN DRIVE #708
JENSEN BEACH FL 34957**

Mailing Address

**10310 SOUTH OCEAN DRIVE #708
JENSEN BEACH FL 34957**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number

65-0429116

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SHELPH, ROBERT H
10310 SOUTH OCEAN DRIVE #708
JENSEN BEACH FL 34957**

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record.

\$1,750,000.00

10. Amount of Capital Contributions in FLORIDA to date.

1,750,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **G93228000141**
NAME **THE ROBERT H SHELPH INTERVIVOS DECLARATION**
STREET ADDRESS **10310 SOUTH OCEAN DRIVE #708**
CITY-ST-ZIP **JENSEN BEACH FL 34957**

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT # **G93228000140**
NAME **THE MARTHA W SHELPH INTERVIVOS DECLARATION**
STREET ADDRESS **10310 SOUTH OCEAN DRIVE #708**
CITY-ST-ZIP **JENSEN BEACH FL 34957**

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
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CITY-ST-ZIP

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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: Robert H. Shelp (ROBERT H. SHELPH)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-4-02 561-229-5713
Date Daytime Phone #

CR2E003 (9/01)