2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A93000001307

1. Entity Name

MANSON FAMILY PARTNERSHIP, LTD.

FILED
02 JAN 15 AM 10: 09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
291 JAMAICA LANE PALM BEACH FL 33480	291 JAMAICA LANE PALM BEACH FL 33480

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DUE BY MAY 1, 2002

4. FEI Number 65-0465830 ☐ 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
BRADEN, DANA D 1660 SOUTHERN BLVD. WEST PALM BEACH FL 33406	Name LISA BRADEN Street Address (P.O. Box Number is Not Acceptable) 4623 FOREST HILL BLVD City, WEST PALM BEACH 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 SAME AGENT - CHANGED HER FIRST NAME and MOVED DATE 1/8/02
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. $603,924.00

10. Amount of Capital Contributions in FLORIDA to date. SAME AS #9

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	MANSON, WILLIAM J JR 291 JAMAICA LANE PALM BEACH FL 33480	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	MANSON, ANNE T 291 JAMAICA LANE PALM BEACH FL 33480	STREET ADDRESS CITY-ST-ZIP	400004782534--0 ~~01/17/02 01066 019~~ ****526.25 ****526.25
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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 REQUIRED [signature] January 8, '02 (561) 842-8751
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

CR2E003 (9/01)