2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # A9400001529 1. Entity Name , FRANCES M. PRUITT LIMITED PARTNERSHIP I							ÖZ MAR 20 AM 9: 14			
Principal Place of Business 360 COFFEE POT RIVIERA. N.E. ST. PETERSBURG FL 33704 2. Principal Place of Business 3. Mailing Address 3. Mailing Address							SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Suite, Apt. #, etc.				Suite, Apt. #, etc.						
City & State				City & State			4. FEI Number 59-3262752 Applied For Net Applied For			
Zip Country			. 2	Zip	_ Cour	ntry	5. Certificate of	of Status Desired		Not Applicable 5 Additional
6. Name and Address of Current Registered Agent						Fee Required 7. Name and Address of New Registered Agent				equired
PRUITT, FRANCES M						Name				
360 COFFEE POT RIVIERA, N.E.						Street Address (P.O. Box Number is Not Acceptable)				
ST. PETERSBURG FL 33704										
						City			FL Zip	p Code
SIGNATURE 1 9. Capital Co as Shown	Signature, typed ontributions on record.	or printed name of registered age \$1,638,450.00 SENERAL PARTNEF)	10. Amount of Ca in FLORIDA to	date.	UST BE REGIS	TERED AND A	11. MAKE CHECK PAY SEE REVERSE SID	FICE.	
12.	NOTE	GENERAL PARTN			the form	ı; an amendme	nt must be filed	to change a general		
DOCUMENT # NAME STREET ADDRESS						EET ADDRESS				
OCUMENT #	ST. PETE	RSBURG FL 33704			CITY	-ST-ZIP				
AME TREET ADDRESS						-ST-ZIP				
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ST-ZIP					CITY-	-ST-ZIP				
AME Treet address ,						ET ADORESS ST-ZIP	,, etc	*** .		
4. I hereby o	certify that the	information supplied w	ith this filin	ng does not qualify	for the exer	notion stated in Se	ection 119.07(3)(i),	Florida Statutes. I further	r certify that	the information
the receiv	er or trustee	t is true and accurate an empowered to execute	this report	r signature shall have as required by Cha	apter 620, F	недагетест as if r Florida Statutes	nade under oath; t	hat I am a General Partne	er of the limi	ted partnership or
SIGNAT	OKE: _	SIGNATURE AND TYPED	OR PRINTED	NAME OF SIGNING GENE	RAL PARTNE	/ R		Date	Daytime Pho	