

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A95000000281



FILED
03 APR 16 AM 7:12
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

1. Entity Name
BARBARA S. PARRETT FAMILY PARTNERSHIP, LTD.

Principal Place of Business 5179 GOETHE AVE. ST. LOUIS MO 63109	Mailing Address 5179 GOETHE AVE. ST. LOUIS MO 63109
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2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. 5179 GOETHE AVE	Suite, Apt. #, etc. 5179 GOETHE AVE
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DUE BY MAY 1, 2003

City & State ST. LOUIS, MO	City & State ST. LOUIS, MO
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4. FEI Number 59-3302862	Applied For
	Not Applicable

Zip 63109	Country U.S.A.	Zip 63109	Country USA
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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

DIXON, SHARON QUINN
150 WEST FLAGLER STREET, SUITE 2200
MIAMI FL 33130

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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. I am familiar with, and accept the obligations of registered agent.

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

9. Capital Contributions as Shown on record. **\$1,772,885.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO FL. 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 #	G95046000067	STREET ADDRESS	5179 GOETHE AVE
NAME	BARBARA S. PARRETT TRUST	CITY-ST-ZIP	ST. LOUIS, MO 63109
STREET ADDRESS	5179 GOETHE AVE.		
CITY-ST-ZIP	ST. LOUIS MO 63109		
DOCUMENT #		STREET ADDRESS	800016088378
NAME		CITY-ST-ZIP	04/16/03-01010-007 **526.25
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STREET ADDRESS			
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: *[Signature]* **BARBARA S. PARRETT DECEASED** 4/1/03 314 832-2687
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (1/10/02)