APPROVED
AND
FILED

02 APR 30 PM 6:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A95000001027

1. Entity Name

Phelan Family Limited Partnership

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6001 Pelican Bay Blvd.	6001 Pelican Bay Blvd.
Suite, Apt. #, etc.: #704	Suite, Apt. #, etc.: #704
City & State: Naples, FL	City & State: Naples, FL
Zip: 34108 Country: US	Zip: 34108 Country: US

DUE BY MAY 1

4. FEI Number: 65-0623422 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Joe B. Cox, c/o Cox & Nici

Street Address (P.O. Box Number is Not Acceptable): 3001 Tamiami Trail No., Suite 100

City: Naples **FL** Zip Code: 34103

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: $1,700,000

10. Amount of Capital Contributions in FLORIDA to date: $1,700,000

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

DOCUMENT #	
NAME	Marguerite J. Phelan, as Trustee**
STREET ADDRESS	6001 Pelican Bay Blvd., #704
CITY-ST-ZIP	Naples, FL 34108
DOCUMENT #	
NAME	
STREET ADDRESS	** of the Marguerite J. Phelan
CITY-ST-ZIP	Revocable Trust dated 4/20/92
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

STREET ADDRESS	
CITY-ST-ZIP	500005502165--8 -05/10/02--01032--007
STREET ADDRESS	****526.25 ****526.25
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	**DO NOT WRITE**
STREET ADDRESS	**IN THIS SPACE**
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E003B (12/01)

STAPLE CHECK HERE

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: Marguerite J. Phelan 4/20/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #