2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0015251 AT

DOCUMENT # A95000001027

1. Entity Name
PHELAN FAMILY LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 APR -9 AM 11:50

W 4/17

Principal Place of Business	Mailing Address
6001 PELICAN BAY BLVD.. #704	6001 PELICAN BAY BLVD.. #704
NAPLES FL 33963	NAPLES FL 33963

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, 2003

4. FEI Number 65-0623422 ☐ 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
COX, JOE B C/O COX & NICI 3001 TAMIAMI TRAIL NORTH, SUITE 100 NAPLES FL 34103	James R. Nici Cox & Nici 1185 Immokalee Rd., Suite 110 Naples, FL 34110 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] 2/10/03
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record	$1,700,000.00	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 #		STREET ADDRESS	
NAME	MARGUERITE J. PHELAN, AS TRUSTEE		
STREET ADDRESS	6001 PELICAN BAY BLVD., #704	CITY-ST-ZIP	
CITY-ST-ZIP	NAPLES FL 33963		
DOCUMENT #		STREET ADDRESS	700001554797
NAME			04/09/03--01014--016 **526.25
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CR2E003 (10/02)

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 — SIGNATURE REQUIRED — Marguerite J. Phelan 3/10/03 239-591-3623
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #