2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

A96000000615

1. Entity Name

BAILES FAMILY LIMITED PARTNERSHIP

Principal Place of Business

Mailing Address

8989 SOUTH ORANGE AVENUE ORLANDO FL 32824

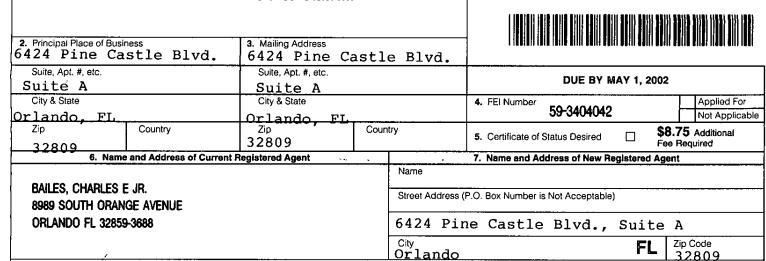
P.O. BOX 593688

ORLANDO FL 32859-3688

APPRUVEL

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SECRETARY OF STATE FALLAHASSEE, FLORIDA



8. The above named entity sybmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida

9. Capital Contributions as Shown on record.

SIGNATURE

\$1,200,000.00

10. Amount of Capital Contributions in FLORIDA to date.

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	BAILES, CHARLES J JR.	STREET ADDRESS	6424 Pine Castle Blvd., Suite A
STREET ADDRESS CITY-ST-ZIP	8989 SOUTH ORANGE AVENUE ORLANDO FL 32859-3688	CITY+ST-ZIP	Orlando, FL 32809
DOCUMENT # NAME	BAILES, JACQUELINE H	STREET ADDRESS	6424 Pine Castle Blvd., Suite A
STREET ADDRESS CITY-ST-ZIP	8989 SOUTH ORANGE AVENUE ORLANDO FL 32859-3688	CITY-ST-ZIP	Orlando, FL 32809
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STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT # NAME		STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP		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