2002 UNIFORM BUSINESS REPORT (UBR)

A96000001421 DOCUMENT # SECRETARY OF STATE 1. Entity Name TĂLLAHASSEE, FLORIDA WHITE CROW, LTD. 02 APR -3 Principal Place of Business Mailing Address 3463 ARBOR DRIVE 3463 ARBOR DRIVE SPRING HILL FL 34607 SPRING HILL FL 34607 3. Mailing Address 7463 HARBIL DRIVE 2. Principal Place of Business
3463 HARBOL Suite, Apt. #, etc. Suite, Apt. #, etc **DUE BY MAY 1, 2002** Applied For City & State City & State 4. FEI Number 59-3393413 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SARCHET, WILLIAM Street Address (P.O. Box Number is Not Acceptable) 3463 ARBOR DRIVE SPRING HILL FL 34607 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. Signature, typed or printed name of registered agent and title if applicable. DATE 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 10. Amount of Capital Contributions 9. Capital Contributions \$2,500.00 SEE REVERSE SIDE FOR FEE INFORMATION in FLORiDA to date. as Shown on record. 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. ADDRESS CHANGES ONLY 12. GENERAL PARTNER INFORMATION 13. DOCUMENT # STREET ADDRESS SARCHET, WILLIAM HARBOR NAME 3463 ARBOR DRIVE STREET ADDRESS CITY-ST-ZIP SPRING HILL FL 34607 CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME 100005194701---04/05/02--01018--028 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ****141.25 ****141.25 DOCUMENT # STREET ADDRESS NAME. STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME 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:

CHECK HERE

STAPLE

3.6.02

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