2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A9600001625 1. Entity Name							FILE	U	
DAN H. BROUGHTON FAMILY PARTNERSHIP, LTD.						SECRETARY OF STATE DIVISION OF CORPORATIONS			
Principal Place of Business Mailing Address 618 BUTLER STREET P.O. BOX 907 WINDERMERE FL 34786 WINDERMERE FL 34786-0							00 APR -4	PM 6: 10	
2. Principal Place of Business 912 Bay Grove Rd. Suite, Apt. #, etc. 3. Mailing Address 912 Bay Suite, Apt. #, etc.					rove Rd	DO NOT WRITE IN THIS SPACE			
Free State			Free po	Freeport, F		4. FEI Number 59-3443		Applied For Not Applicable	
32439	7	Country	32439	Cour	USA		atus Desired	\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent			
						S (PO Box Number is Not Acceptable)			
	.er street (ere fl. 347)	86		Day G	rove N	<u>a.</u>			
					City Fre	eport.		FL 232439	
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 Want J. Proughton Dan H. Broughton 4/03/00 Signature, typed or printed name of registered agent and title If applicable (NOTE: Registered Agent signature required when reinstating) DATE									
9. Capital Contributions as Shown on record. \$11,667,500.00 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 DOCUMENT / P96000051558							ADDRESS CHANGES	ONLY	
NAME	P96000051558 BROUGHTON, DAN H				EET ADDRESS	912 Bay Grove Rd.			
STREET ADDRESS CITY-ST-ZIP	618 BUTLER STREET WINDERMERE FL 34786				'-ST-ZIP	Freepo	ort, FL	32439	
DOCUMENT # NAME	P96000051558 BROUGHTON MANAGEMENT, INC.				EET ADDRESS	912 2	Bay Gro	ve Rd.	
STREET ADORESS CITY-ST-ZIP	618 BUTLER STREET WINDERMERE FL 34786				'-ST-ZIP	Freco	ort. FL	ve fd. 32439	
DOCUMENT# NAME				STR	EET ADORESS			_	
STREET ADDRESS					'-ST-ZIP	Pok	4/11		
DOCUMENT #				STR	EET ADDRESS	7.0	· //		
NAME Street Address				CITY	 	300	<u>-04/20/00-</u>		
CITY-ST-ZIP DOCUMENT#			····		EET AOORESS		****526_25	****526,25	
NAME Street Address									
CITY-ST-ZIP DOCUMENT#				- City	-ST-ZIP				
JAME .				STR	EET ADORESS				
STREET ADORESS CITY-ST-ZIP			·	• , сту	'-ST-ZIP		<u></u>		
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 employered to execute this peort as required by Chapter 620, Florida Statutes DAN H. BROUGHTON SIGNATURE: SIG									
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Day Daytimo Phone of									