

2002 UNIFORM BUSINESS REPORT (UBR)

002133 SP

DOCUMENT # A97000001232

1. Entity Name
WELLS FAMILY LIMITED PARTNERSHIP

FILED

02 JAN 14 AM 10:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address

**1600 U.S. 27 S.
AVON PARK FL 33825** **1600 U.S. 27 S.
AVON PARK FL 33825**

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, 2002

4. FEI Number Applied For / Not Applicable

65-0760064 Applied For

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

6. Name and Address of Current Registered Agent

**WELLS BROTHERS INVESTMENTS, INC.
1600 U.S. 27 S.
AVON PARK FL 33825**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) -

City **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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$980,000.00** 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	
DOCUMENT #	P97000029198
NAME	WELLS BROTHERS INVESTMENTS, INC.
STREET ADDRESS	1600 U.S. 27 S.
CITY-ST-ZIP	AVON PARK FL 33825
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	300004778673--3
CITY-ST-ZIP	-01/16/02--01075--005
	***526.25 ***526.25
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
STREET ADDRESS	
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: Date: **1-12-02** Daytime Phone #: **(863) 453-6644**

CR2E003 (9/01)