DOCUMENT #

1. Entity Name

FILED Mar 27, 2002 8:00 A.N A97000001295 COX FAMILY LIMITED PARTNERSHIP

		y	•		5	ecretary (of State	
Principal Place of Business 1600 CAMEO FARM ROAD SARASOTA FL 34240		7	Mailing Address 7015 PROFESSIONAL PKWY. E. SARASOTA FL 34240					
							() 48/4 (1 4/4 (14/4 14/4) 4 (14 1 4/	
2. Principal Place of Business			Mailing Address			1212 13111 13811 88111 3 2 111 88111 881		
Suite, Apt.	#, etc.		Suite, Apt. #, etc.	······································		DUE BY MAY 1, 2002		
City & State			City & State		4. FEI Number	65-0763479	Applied For Not Applicable	
Zip	Countr	у	Zip	Country	5. Certificate of	f Status Desired	\$8.75 Additional Fee Required	
	= -6.=Name and Add	ress of Current Regis	tered Agent		=7.=Name and∨	Address of New Registered	Agent -	
		. coo o		Name				
COX, JOHN J								
=		_		Street Addres	ss (P,O. Box Number	is Not Acceptable)		
7015 PROFESSIONAL PKWY. E.				\ 				
SARASOTA FL 34240								
				City		F	Zip Code	
8 The above	named entity submits	this statement for the r	urpose of changing its re	egistered office or regis	stered agent, or both	in the State of Florida		
c. 1110 above	That nod only business	this statement for the p	orposo or origing to the	ogistores cinco er regit	storou ago; or boar	, in the class of more		
CIONATURE								
SIGNATURE .	Signature, typed or printed nar	me of registered agent and title	f applicable.	, a. a	-	DATE		
9. Capital Co		123,750.00	Amount of Capital Contributions in FLORIDA to date.			11. MAKE CHECK PAYAB SEE REVERSE SIDE I	LE TO DEPT. OF STATE OR FEE INFORMATION	
						CTIVE WITH THIS OFFI	CE.	
12.			_ 	13.		ADDRESS CHANGES O		
DOCUMENT #		VEIGAL FAISTIVE TO THE C	TUMATION	10.		ADDITION OF ANGLO O		
NAME	BROTHERS THREE OF SARAS		IC.	STREET ADDRESS				
STREET ADDRESS 7015 PROFESSIONAL PKWY. E.						~~~~	1007 - 7	
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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 is equired by Chapter 620, Florida Statutes

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

SIAPLE CHECK HERE

STREET ADAPRESS

CITY-ST-ZIP DOCUMENT 🖳

CITY-ST-ZIP

NAME STREET ADDRESS

Date

Daytime Phone #