2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000002770

1. Entity Name
F. CARLYLE PLATT FAMILY LIMITED PARTNERSHIP

FILED
03 MAR -5 AM 9:08
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

000098 AT

Principal Place of Business	Mailing Address
2200 SIMON ROAD MELBOURNE FL 32904	2200 SIMON ROAD MELBOURNE FL 32904

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

3/5

DUE BY MAY 1, 2003

4. FEI Number 59-3213074 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PLATT, JANET P 2200 SIMON ROAD MELBOURNE FL 32904	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. I am familiar with, and accept the obligations of registered agent.

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

9. Capital Contributions as Shown on record. $5,896,807.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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 #	P97000106398	STREET ADDRESS	
NAME	F.C. PLATT, INC.	CITY-ST-ZIP	
STREET ADDRESS	2200 SIMON ROAD		600013550846
CITY-ST-ZIP	MELBOURNE FL 32904		03/05/03--01057--005 **526.25
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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: _____ 2-27-03 321-723-0884
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

STAPLE CHECK HERE

CR2E003 (10/02)