

2002 UNIFORM BUSINESS REPORT (UBR)

001477 AT

DOCUMENT # **A98000000473**

1. Entity Name
THE SHACKELFORD FAMILY LIMITED PARTNERSHIP

FILED

02 MAY -3 AM 10:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
P.O. BOX 1420
WAUCHULA FL 33873

Mailing Address
P.O. BOX 1420
WAUCHULA FL 33873



2. Principal Place of Business		3. Mailing Address		DUE BY MAY 1, 2002	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0815263	Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
SHACKELFORD, CHARLES L 1070 WEST LOUISIANA STREET WAUCHULA FL 33873			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.	\$700,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	P98000016717	STREET ADDRESS	
NAME	SHACKELFORD ASSOCIATES, INC.	CITY-ST-ZIP	
STREET ADDRESS	P.O. BOX 1420		
CITY-ST-ZIP	WAUCHULA FL 33873		
DOCUMENT #		STREET ADDRESS	900005578109--1
NAME		CITY-ST-ZIP	05/22/02 01006--014
STREET ADDRESS			***526.25 ***526.25
CITY-ST-ZIP			
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DOCUMENT #		STREET ADDRESS	
NAME		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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
 Date: **4-29-02** Daytime Phone #: **863-773-4274**

CR2E003 (9/01)